

**GOOD SHEPHERD LEARNING CENTER
APPLICATION AND REGISTRATION FORM**

(This information will be kept confidential.)
(A \$40 Registration fee is required at sign-up.)

For Office Use Only:

Preschool Class

Pre-K Class

CHILD'S INFORMATION

Child's full name _____ Sex: M _____ F _____

Birth date _____ Age of child as of August 1st 2017. _____

Primary Phone _____ Email _____

Address _____

_____ Zip _____

Name your child prefers to be called (this is the name we will teach your child to spell; example: Benjamin prefers Ben, we will teach him to spell Ben) _____

FAMILY INFORMATION

Mother's name _____

Address, if other than above _____

_____ Zip _____

Employment _____ Phone _____ Hours _____

Father's name _____

Address, if other than above _____

_____ Zip _____

Employment _____ Phone _____ Hours _____

AUTHORIZATION NAMES

Persons authorized to pick up child - other than the parent:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

(over)

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

(Under no circumstances will a child be released to anyone not known to the school without authorization from a parent or guardian.)

If parents are separated or divorced, with whom does the child live? _____

Names of brothers and/or sisters:

Ages:

EMERGENCY INFORMATION

(Be sure to include someone who will usually know your whereabouts.)

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Child's Physician _____ Phone _____

Emergency hospital preference _____

HEALTH/DEVELOPMENT

Allergies _____

Type of treatment _____

Nose bleeds? _____

Presently taking medicine? (explain) _____

Does your child have any other illness, diagnosis, or special needs we should be aware of? Are they under the care of a doctor for any of these? (explain) _____

Does your child have temper tantrums? _____

Does your child have a speech problem? _____

Unusual fears/problems _____

Is your child right- or left-handed? _____

Do you have any concerns about your child's development or ability to learn? (explain) _____

EXPERIENCES

What are your child's favorite activities? _____

Church affiliation: _____

Church attendance: regular ___ seldom ___ never ___

How did you find out about Good Shepherd Learning Center?

Church sign Bench Ad Friends Facebook Phone Book

Other (Please specify.)

CALL SERVICE INFORMATION

Good Shepherd Learning Center through Brady Lane Church of Christ has a call service that will notify you of any school closings or delays. A call will be sent in the morning hours before the start of preschool classes to the telephone number(s) you provide if inclement weather causes a closing or delay. Please list only the numbers you would like to receive this call as the service will call ALL numbers entered.

Contact Person: _____ Relationship to child _____ Phone _____

Contact Person: _____ Relationship to child _____ Phone _____

Contact Person: _____ Relationship to child _____ Phone _____

Contact Person: _____ Relationship to child _____ Phone _____

PARENTAL AGREEMENT

EMERGENCY MEDICAL CARE

In case of sickness or accident, I hereby consent that the Good Shepherd Learning Center provide first aid treatment and/or emergency care through a hospital or doctor.

Name of Physician _____

Address _____ Phone _____

Hospital _____ Phone _____

Date _____ Signature _____

I authorize Good Shepherd Learning Center to administer Neosporin for minor cuts/scrapes.

Yes

No

DISCIPLINE

I hereby consent that the Good Shepherd Learning Center enforce its standards of discipline and obedience on my child. I understand that the school has full discretion in the discipline of my child. (NOTE: Corporeal punishment is not practiced at Good Shepherd Learning Center.)

Date _____ Signature _____

RELIGIOUS INSTRUCTION

Throughout the course of the year, our teachers will provide basic Christian instruction dealing with prayer, the birth and resurrection of Jesus, the fact that God loves them, etc. I understand and give my consent to the Good Shepherd Learning Center to teach my child in this manner.

Date _____ Signature _____

PHOTOGRAPHY RELEASE

I grant Good Shepherd Learning Center and Brady Lane Church permission to take photographs of my child and use them in the area(s) checked below in print and/or electronically.

Permission to use photographs (please check all that apply):

Website

Facebook

Advertising/Publicity

Child's Name _____ Date _____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____



Good Shepherd Learning Center
2701 Brady Lane
Lafayette IN 47909
Phone 765-474-1633 Fax 765-477-1443

PHYSICAL EXAMINATION
 be completed by Medical Professional)

(To

Return within 30 days of starting school.

I have examined _____, whose date of birth is _____, who will be enrolled in the Good Shepherd Learning Center Pre-school.

Does this child have any physical condition that we should be aware of? _____

Does this child require special attention, medication, or routine that may have to be taken into consideration in planning for his/her time at school? _____

In your opinion, is this child physically and emotionally able to participate in a pre-school program like the one described above? _____

Every child attending Good Shepherd Learning Center must be fully immunized. Exceptions may be made for the child who either (a) has begun his/her immunizations and has provided a schedule for completion of them, or (b) has provided certification that immunizations are medically contraindicated.

IMMUNIZATION HISTORY

VACCINE	DATE OF 1ST DOSE	DATE OF 2ND DOSE	DATE OF 3RD DOSE	DATE OF 4TH DOSE
DPT				
Hib				
Polio				(optional)
Rubella				
Rubeola				
Mumps				

 (Physician's Signature)

 (Date)

Dear Parents and Guardians:

Thank you for your interest in our pre-school. This packet includes:

1. An application and registration form.
2. A parental agreement.
3. A physical examination form.

Please complete the application form, the registration form, and the parental agreement and return these forms along with the \$40.00 registration fee to: Good Shepherd Learning Center, 2701 Brady Lane, Lafayette IN 47909.

Upon receipt of the completed forms and registration fee, your child's name will be placed on our enrollment list. If you have further questions, please do not hesitate to call.

Our preschool is open during the morning hours, 9:00 AM to 11:30 AM from Labor Day to Memorial Day (closed for the summer months). Placement will be made on a 'first come—first served" basis. Early enrollment will ensure your child's placement. Excess enrollment may result in your child being placed on a waiting list.

Once again we want to thank you for your support and for allowing us to meet and work with your child.

Times

We offer a class for potty trained 3-year-olds on Tuesday and Thursday from 9:00 - 11:30 am. To qualify for this class, your child must be 3 by August 1, 2016.

We offer 4 - 5 year old classes on Monday, Wednesday, and Friday at 9:00 - 11:30 am. To qualify for this class, your child must be 4 by August 1, 2016.

Costs

The cost for the 3-year-olds (T,Th) is \$70.00 per month.

The cost for the 4 & 5-year-olds (M,W,F) is \$90.00 per month.

A non-refundable enrollment fee of \$40.00 is charged for each child, payable at the time of application. This fee includes a yearly fee for secondary accidental insurance.

Fees are payable monthly and due the first week of the month. (Ex: October tuition is due the first of October). A full month tuition is due regardless of attendance. No refunds will be made when students are absent due to illness, vacation or inclement weather.