

Good Shepherd Preschool
2020-2021 Registration Form

Preschool Sessions (Please check your preference-Both sessions are identical.) AM _____ PM _____

Name of Pupil _____ Sex _____
(last) (first)

Address _____ Zip _____

Email Address _____ (Will be used to send newsletter, special memos.)

Date of Birth _____ Home Phone _____
(month) (day) (year)

Cell Phone _____ (Mom) _____ (Dad)

Name of Parent/s or Guardian _____

Mom's Place of Employment _____ Business Phone _____

Dad's Place of Employment _____ Business Phone _____

Check if willing to share: Hobbies _____ Talents _____ Both _____

Person to contact in case of emergency (other than listed above) _____

Relationship to Child _____ Home Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____

Name you want child to learn to write/nickname? _____

List other children in the home:

<u>Name</u>	<u>Age/Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets in the Home/Names _____

Has your child had:

All required pre-kindergarten immunizations? Yes _____ No _____

Any allergies? (Food, insects, pets, etc.) _____

Any health problems diagnosed, including hearing or speech? _____

Has your child had prior nursery school experience? Yes _____ No _____

Where? _____ Teacher _____

What else can you tell us about your child as an individual? For example, what does he/she enjoy doing?
Is he/she right or left handed?

The monthly payment is \$120, due and payable on the first day of each month. Our budget is planned according to this amount; we cannot deduct anything for absence due to illness or otherwise. Please note: If Pennsylvania changes the minimum wage, tuition rates may be increased to maintain the same quality preschool as in the past. Please initial that you understand this provision.

I am enrolling my child in the Good Shepherd Preschool for the 2020-2021 school year for the 3 sessions per week @ \$120 per month. I am enclosing the non-refundable registration fee of \$50. **Early withdrawal will require an additional two month tuition payment.**

(Signature of Parent or Guardian)

253 East Garfield Street, Shippensburg, PA 17257
(717) 532-6526 Celia Riess, Director