

Start Date: _____

REGISTRATION \$225.00

Receipt # _____

FIRST GOOD SHEPHERD LUTHERAN PRESCHOOL PROGRAM
REGISTRATION APPLICATION FORM 2018-2019

Please complete and return with your Registration packet.

All fees are required at time of registration and are non-refundable

CHILD'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ CITY/ZIP: _____

CHURCH AFFILIATION: _____ DENOMINATION: _____

MOTHER'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

TELEPHONE: (home) _____ (cell) _____ (work) _____

E-MAIL ADDRESS _____

FATHER'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

TELEPHONE: (home) _____ (cell) _____ (work) _____

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

PARENT(S) NAME WITH WHOM THE CHILD LIVES: _____

Emergency contact if parent cannot be reached: _____

Child's medical condition or allergies: _____

Other children currently enrolled in FGSLs:

Name: _____ Current grade/class _____

Name: _____ Current grade/class _____

I WISH TO REGISTER MY CHILD FOR THE FOLLOWING SESSIONS:
1½ – 3 year-old Preschool or 4-year-old Pre-Kindergarten

<p>FULL DAY PROGRAM</p> <p>Check one</p> <p><input type="checkbox"/> 3 Day</p> <p><input type="checkbox"/> 4 Day</p> <p><input type="checkbox"/> 5 Day</p>
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A copy of the doctor's record of immunization shots is required before the child is allowed to begin preschool.

Signature _____

Date _____