

Start Date: \_\_\_\_\_

REGISTRATION \$225.00

Receipt # \_\_\_\_\_

FIRST GOOD SHEPHERD LUTHERAN PRESCHOOL PROGRAM

REGISTRATION APPLICATION FORM 2019-2020

Please complete and return

\*\*\*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 \_\_\_\_\_