

Parent/Guardian Information

OFFICE ONLY

Registration Date: _____

Assigned Class: _____

How did you come to learn about Good Shepherd ELC?

B4S AS D-IC

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Cell Phone: () _____ Cell Phone Carrier: AT&T Verizon Other> _____

Custodial Parent (If married, mark both parents) Mom's Date of Birth: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Cell Phone: () _____ Cell Phone Carrier: AT&T Verizon Other> _____

Custodial Parent (If married, mark both parents) Dad's Date of Birth: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

1st Child Information

First Name: _____ MI: _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child lives with: Mom & Dad Mom Dad Other - Specify _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

2nd Child Information

First Name: _____ MI: _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child lives with: Mom & Dad Mom Dad Other - Specify _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

3rd Child Information

First Name: _____ MI: _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child lives with: Mom & Dad Mom Dad Other - Specify _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

4th Child Information

First Name: _____ MI: _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child lives with: Mom & Dad Mom Dad Other - Specify _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Annual Registration Fee: \$150.00

Tuition Amount: _____ Select Payment Frequency: Weekly Bi-Weekly Monthly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank You!