



***Good Shepherd Lutheran
Church and School***

DCF#C20LE0043

4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

VPK Enrollment Checklist 2024-2025

- _____ Application for VPK
- _____ FL Certification of Immunization Form 680 or 681
- _____ State of Florida School Entry Health Exam Form 3040
- _____ Child's Birth Certificate
- _____ Current Parent/Guardian ID
- _____ Court/Legal Documents if applicable
- _____ Notarized Medical Care Form
- _____ VPK Voucher
- _____ School Readiness Certificate if applicable
- _____ VPK Aftercare Notarized Financial Agreement
- _____ Signed Publicity Information Form

Office Use: Application taken by: _____ Date Received: _____



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Fees Preschool (PK-3) and VPK Aftercare 2024 - 2025 School Year

Preschool (PK-3) non VPK 4 year olds	VPK Aftercare
<ul style="list-style-type: none"> - Faith based curriculum - Weekly chapel - All students must be Potty Trained - School hours 8:15am - 3:15pm - Afterhours are from 3:15 pm to 5:30 pm <p>Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.</p> <ul style="list-style-type: none"> • \$50 new student application fee • \$100 security fee • \$225 per week 	<ul style="list-style-type: none"> - Faith based curriculum - Weekly chapel - School hours 8:15am - 11:15am - Aftercare hours are 11:15am to 5:30pm <p>Fees: Per child and non-refundable.</p> <ul style="list-style-type: none"> • \$50 new student application fee • \$100 security fee • \$150 aftercare weekly fee <p>**During school breaks \$200.00 weekly fee**</p>

School closes at **5:30 pm**,

All children must be picked before 5:30 or there is a late charge of \$1.00 per minute payable when you pick up your child.



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VPK/Aftercare Application for 2024-2025

Student Information:

Full Name (last, first, middle) _____

DOB: _____ Class applying for: _____ School Year: _____ Male: ___ Female: ___

Street Address: _____

City: _____ Zip Code: _____ Phone #:(_____) _____

Race: ___ Black ___ Asian ___ White ___ Native American or Alaska Native ___ Hawaiian or Pacific Islander
___ Hispanic or Latino ___ Other

Previous School Attended _____

Address of School: _____

Medical/Allergies: _____

If yes, please describe: _____

Does your child have any physical, emotional, or learning disabilities: (If yes) please explain: _____

Parent or Guardian Name: _____ Relationship _____

Address: _____

City: _____ Zip Code: _____ Phone #:(_____) _____

Email: _____

If Guardian, please supply court order paperwork.

How did you hear about our school: _____

Mrs. Ann Marie Collard
Principal
amcollard@goodshepofnfm.com

***Our School Mission is:
To encourage students to use their God-Given gifts
to touch the lives of others as Jesus did.***

Ms. Penny Holt
Preschool Director
pholt@goodshepofnfm.com



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Emergency Contacts:

The student will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Name: _____ Relationship: _____ Phone: _____

Medical Information:

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

- Section 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the of the Child Care Facility Brochure "Know Your Child Care Facility" (CF/PI 175-24).
- Section 7.3 C.3 of the of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary expulsion policies used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of the facility to have access to my child's records.

Signature: _____

Date: _____

Office Use: Application Accepted Yes No

BY: _____

Date: _____

Mrs. Ann Marie Collard
Principal
amcollard@goodshepofnfm.com

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STUDENT MEDICAL RELEASE

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of Good Shepherd Lutheran School, I understand that the staff shall undertake measures to contact me immediately. In the event I cannot be reached Good Shepherd Lutheran School Staff shall be authorized to secure consent to such medical treatment and services for my child as may be deemed necessary. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son/daughter. I hereby waive any claim and forever and all actions, claims, and demands which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might occur while on or off the premises of Good Shepherd Lutheran Church and School. I am the parent/legal guardian of the above-named child, and I am over eighteen (18) years of age and legally competent to execute this waiver of claims.

MUST BE SIGNED IN THE PRESENCE OF A FLORIDA NOTARY PUBLIC

Signature of Parent of Guardian

Print name

Date

STATE OF FLORIDA COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Personally know _____ or produced identification _____

Type of Identification _____

Notary Name: _____ Commission Expires _____

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Principal
amcollard@goodshepofnfm.com

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Publicity Information Release

School Year 2024-2025

Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran Church and School website and/or Facebook page.

Student's Name: _____ (please print)

Parent/Guardian Signature: _____ Date: _____

Publicity Release I authorize my child's participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Signature: _____ Date: _____