



Waitlist \$75

*Completing this form does not guarantee your child a spot in a classroom; it adds your child to the waitlist. The non-refundable waitlist fee will be applied towards the \$150 enrollment fee, if your child becomes enrolled.

Date: _____

Child's Name: _____ **Sex:** M / F

Date of Birth: _____ **Age:** _____

If expecting, due date of child: _____

Mother's/Guardian's Name: _____

Home Address: _____ **City/St/Zip** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail:** _____

Father's/Guardian's Name: _____

Home Address: _____ **City/St/Zip** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail:** _____

How did you hear about Good Shepherd School? *(Please check all that apply)*

<input type="checkbox"/> Goodss.org	<input type="checkbox"/> Social Media
<input type="checkbox"/> Care.com	<input type="checkbox"/> Personal Reference
<input type="checkbox"/> Google	<input type="checkbox"/> Pediatrician's Office/Name _____
<input type="checkbox"/> Other Website: _____	<input type="checkbox"/> Other _____

Desired Start Date: _____ *(Fee will expire should you decline a spot that is offered near your desired start date)*

Childcare <i>(Please check the applicable time)</i>		
<input type="checkbox"/> 5 Days per week, Monday thru Friday (7 a.m. to 6 p.m).		
<input type="checkbox"/> Monday-Wednesday-Friday only (7 a.m. to 6 p.m).		
<input type="checkbox"/> Tuesday-Thursday only (7 a.m. to 6 p.m).		
	Drop Off Time	Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Office Use Only:	Date Paid _____	Received By _____	Payment Type _____	Copy given to family_
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