



Enrollment Form – In Center
(To be completed by Parent/Guardian)

Date: _____

Enrollment Fee is non-refundable \$150
 *(\$75 Fee will be Deducted from Waitlist Fee)

Child's Name: _____ Sex: M / F

Date of Birth: _____ Age: _____

If expecting, due date of child: _____

Marital Status: _____ Single _____ Married _____ Separated* _____ Divorced*

*(Please include a copy of parental custody plan if applicable)

Mother's/Guardian's Name: _____

Home Address: _____ City/St/Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Employer's Address: _____

Father's/Guardian's Name: _____

Home Address: _____ City/St/Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Employer's Address: _____

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: _____ Classroom: _____

(Restrictions apply if start date needs to be changed within three months of date listed here.)

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

Office Use ONLY: Confirmed Start Date: _____

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