

**Good Shepherd Lutheran Preschool**  
**3825 Wildbriar Lane**  
**423-7677**  
**Registration 2018-2019**

**Registration Fee**

\$75.00 per student Due at time of registration

**Preschool Tuition Rates 2018-2019**

*Monday-Wednesday-Friday* \$1,250 per year      *Tuesday-Thursday* \$1050.00 per year  
A. M.9:00-11:30 or P.M. 1:00-3:30      A.M. 9:00-11:30 or P.M. 1:00-3:30

**Pre-K Tuition Rates 2018-2019**

*Monday-Wednesday-Friday* \$1,250.00 per year      P.M. 1:00-3:30

**5 Day Am or PM Preschool Program 2018-2019**

*Monday thru Friday* \$2,300.00 per year      A.M. 9:00-11:30 or P.M.1:00-3:30

**5 Day ALL DAY Preschool Program 2018-2019 (Lunch Fee additional)**

*Monday thru Friday* \$4,600.00 per year      A.M. 9:00-11:30 & P.M.1:00-3:30

**Admission**

Student's ages 3-5 years old welcome in all classes. Students must be completely toilet trained.

**Fee Contract**

I understand that my paid registration fee will ensure my child a place in the class registered for. (If the class is full you will be notified) This registration fee is non-refundable.

**Payment Options**

1. Ten equal monthly payments automatically withdrawn from your account. (September to June)  
*M-W-F \$125.00 monthly. T-Th \$105.00 monthly. M-F AM or PM \$230.00. M-F \$460.00.* The form will be filled out at the Open House in August. A \$12.00 administrative fee will be added to the first payment.
2. Two equal payments due at the Open House in August & Jan. *M-W-F \$625.00, M-F am or pm \$1150, M-F \$2300.00, T-TH \$ 525.00.*
3. Payment in full for the whole school year. *M-W-F \$1250.00, T-TH \$1050.00, M-F am or pm \$2300.00, M-F All Day \$4600.00. (Lunch fee additional)*  
Checks should be made out to Good Shepherd Lutheran School.

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**Detach and return with registration fee**  
**Please mark 1<sup>st</sup> & 2<sup>nd</sup> class choice**

*Monday-Wednesday-Friday A.M*       *Monday-Wednesday-Friday P.M.*       *Monday thru Friday A.M.*  
 *Tuesday-Thursday A.M.*       *Tuesday-Thursday P.M.*       *Monday Thru Friday P.M.*  
 *Monday Thru Friday All Day*

Parent or Guardian Names \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Good Shepherd Lutheran Preschool  
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Child's Name \_\_\_\_\_ Sex \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_ Birth date \_\_\_\_\_  
(Street, city, state, & zip code)

Baptism Date \_\_\_\_\_ Home Church \_\_\_\_\_

\*\*\*\*\*ALLERGIES WITH REACTIONS: \_\_\_\_\_

Family Background

Mother or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Name and ages of siblings \_\_\_\_\_

Person(s) who child can be released to  
(if no one, please write "none")

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person (s) who will take responsibility for the child in an emergency when a parent or guardian cannot be reached.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_


Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**OVER** 

**Consent to contact Physician in Emergency**

In the event I cannot be reached to make arrangements, I hereby give my consent to Good Shepherd Lutheran School & Preschool staff to contact

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
(Name & Address)\_\_\_\_\_

And, if necessary, take my child to the following doctors (s), clinics, or hospital \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

Any health problems which the preschool should know about: \_\_\_\_\_

Medication, if any: \_\_\_\_\_ Allergies, if any: \_\_\_\_\_

Special concerns: (Glasses, Hearing Aide Crutches) \_\_\_\_\_

**Immunizations**

Immunization information or completed waiver must be on file for your child to attend preschool. Children must have the required immunizations listed below. Please attach a copy of your child's immunization record from your doctor's office, AND fill out the form below. ( Month, Day & Year)

**OPV/IPV**  
(Three Minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**DTP/TD**  
(Diphtheria-Tetnus-Pertussis)  
(Four Minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Hib**  
(Three Minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**PVC**  
(Four minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**MMR**  
(One Minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**HEP B**  
(Three Minimum)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**VARICELLA**  
(One Minimum)  
1. \_\_\_\_\_

DTap-Includes DTap and DTP (Diphtheria, Tetanus, Pertussis)  
DT (Diphtheria, tetanus-pediatric)  
Td (Tetanus, Diphtheria-Adult)  
IPV-Includes OPV (oral polio vaccine)  
IPV (injectable polio vaccine)

HIB- Haemophilus Influenza Type B  
MMR-Measles, Mumps, Rubella  
Hep B- Hepatitis B  
VZV-Varicella

PVC- Pneumococcal or Prevnar

I certify the above information is correct to the best of my knowledge.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about Good Shepherd Lutheran Preschool? \_\_\_\_\_

**Parent Permission**

(Check all that apply)

- I give my permission for our phone number and address to be included in the Good Shepherd Lutheran Preschool Phone/Class List.
- I give Good Shepherd Lutheran School & Preschool staff or volunteer my permission to photograph my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_