



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.) **It does not guarantee the desired start date.**

Childcare (Please check the applicable time)		
<input type="checkbox"/> 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: Date Paid _____ Received By _____ Payment Type _____ Copy given to family _____

Office Use ONLY: Confirmed Start Date: _____