



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

Date: \_\_\_\_\_

**Enrollment Fee is non-refundable**

**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.)***

<b>Childcare (Typical)</b> <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 _____
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