

## 2018/2019 Good Shepherd Sunday Preschool (Montessori Based) Registration Form

**Name/Address Information:**

Parents' Name: \_\_\_\_\_  
(Mother's First and Last Name) (Father's First and Last Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child live with (please circle): Both parents; Mother; Father; Grandparent; Other: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Mother's work/cell Father's work/cell

Email \_\_\_\_\_ Parish Registered In \_\_\_\_\_ Are you new to classes here? \_\_\_\_\_

The Good Shepherd Preschool depends on parental help. Would you be able to help out once every 6-8 weeks? \_\_\_\_\_

**Session Information:**

**Tuition information is on the back of this sheet. Deposit: \$50 of the tuition is due at the time of registration.**

**1. Complete children's information**

**2. Check session choice**

Child's First/Last Name	Birth date	Age	Gender	Is your child baptized?	Every Sunday (10:20 am-12:20 pm)	Sunday A (10:20 a.m.-12:20 pm)	Sunday B (10:20 am -12:20 pm)

**Additional Important Information:**

1. Is your child potty-trained? \_\_\_\_\_ **Each child must be potty trained by the beginning of the school year.**

2. Please explain any allergies your child has below, using the back of the sheet as necessary:  
 Name of Child/Allergy: \_\_\_\_\_

3. Please explain any physical, social or learning disability needs that your child may have below, using the back of the sheet as necessary. Name of Child/Special Needs: \_\_\_\_\_

**Emergency Information: Please fill out the emergency form on the back of this sheet.**

**Emergency Information:**

If my child \_\_\_\_\_ becomes ill or is injured while attending Religious  
Name of Child(ren)

Education classes, please call:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_.

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_.

I authorize the staff of St. Francis to seek emergency medical care for my child as deemed appropriate. Our doctor of preference is: \_\_\_\_\_ Phone: \_\_\_\_\_.

Our hospital preference is: \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.

**If a language other than English is spoken in the home, please list language(s) here:**

**Comments or Information you would like us to know about your child:**

**Tuition: Good Shepherd:** \$100/child for every Sunday or Sunday A or B 2018-2019 school year. If you have registered children in grades K-8 Religious Education and paid the family fee, then there is only an additional \$50 charge for your preschool child. . **Deposit: \$50 of the tuition is due at the time of registration.** The deposit of \$50 is non-refundable.

**Tuition Aid:** Every child is welcome to Religious Education classes—please call for aid information if the tuition payment poses a hardship for you. Donations towards the Tuition Aid program are always welcome.

**Tuition payments—The remaining tuition is due by September 15.**

OFFICE USE ONLY

Total tuition due	Amount	Date	Check #	Balance
Date registration received				