Good Shepherd Lutheran Church Preschool

7000 Creedmoor Road
Raleigh, NC 27613
(919)846-5060 or preschool@gslchurch.org
www.gslchurch.org/preschool

Application for 2010 Summer Camp Program

☐	**Week 1**	**Tuesday, June 1st – Thursday, June 3rd**
☐	**Week 2**	**Tuesday, June 8th – Thursday, June 10th**
☐	**Week 3**	**Tuesday, June 15th – Thursday, June 17th**
		----- CLOSED FOR VBS ------
☐	**Week 4**	**Tuesday, June 29th – Thursday, July 1st**
☐	**Week 5**	**Tuesday, July 6th – Thursday, July 8th**
☐	**Week 6**	**Tuesday, July 13th – Thursday, July 15th**
☐	**Week 7**	**Tuesday, July 27th – Thursday, July 29th**
☐	**Week 8**	**Tuesday, August 3rd – Thursday, August 5th**

Child's Name _____

Gender: ☐ male ☐ female

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age as of 8-31-10 _____

Email address _____

☐ Currently Enrolled Student or Sibling of Student

☐ Good Shepherd Member

☐ General Public

Mother's Information	Father's Information
Name	Name
Employer	Employer
Work Phone Home Phone	Work Phone Home Phone
Cell Phone	Cell Phone

Does your child have previous day care experience? _____ Yes _____No
If yes, provide when, where and for how long _____

MEDICAL INFORMATION:

Existing Health Problems _____No _____Yes (please describe)
_____

Previous Serious Illness / Injury _____No _____Yes (please describe)
_____

Allergies _____No _____Yes (please describe)
_____

Is your child fully toilet trained? _____No _____Yes _____ In Process
(4 and 5 year old children must be toilet trained)

Has your child been evaluated by the CDSA, Project Enlightenment, or another agency?
_____No _____Yes (please explain)
_____

Does your child have any special needs or any other information that our staff needs to be aware of? _____No _____Yes (please explain)
_____

MEDICAL INFORMATION (cont'd):

Doctor's Name / Practice: _____
Phone: _____

Dentist's Name / Practice: _____
Phone: _____

Insurance Company: _____
Group #: _____
Policy #: _____

Hospital Preference _____

EMERGENCY CONTACT INFORMATION:

CONTACT #1	CONTACT #2
Name	Name
Relationship	Relationship
Phone	Phone
Cell Phone	Cell Phone

ALTERNATE PICK-UP INFORMATION:

PICK-UP ALTERNATE #1	PICK-UP ALTERNATE #2
Name	Name
Phone	Phone