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 20th – Thursday, July 22nd**
____	**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