



# Good Shepherd Lutheran Church Preschool



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

## Application for 2010 Summer Camp Program

- \_\_\_ Week 1      Tuesday, June 1<sup>st</sup> – Thursday, June 3<sup>rd</sup>
- \_\_\_ Week 2      Tuesday, June 8<sup>th</sup> – Thursday, June 10<sup>th</sup>
- \_\_\_ Week 3      Tuesday, June 15<sup>th</sup> – Thursday, June 17<sup>th</sup>
- CLOSED FOR VBS -----
- \_\_\_ Week 4      Tuesday, June 29<sup>th</sup> – Thursday, July 1<sup>st</sup>
- \_\_\_ Week 5      Tuesday, July 6<sup>th</sup> – Thursday, July 8<sup>th</sup>
- \_\_\_ Week 6      Tuesday, July 20<sup>th</sup> – Thursday, July 22<sup>nd</sup>
- \_\_\_ Week 7      Tuesday, July 27<sup>th</sup> – Thursday, July 29<sup>th</sup>
- \_\_\_ Week 8      Tuesday, August 3<sup>rd</sup> – Thursday, August 5<sup>th</sup>

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:**

<b>CONTACT #1</b>	<b>CONTACT #2</b>
Name	Name
Relationship	Relationship
Phone	Phone
Cell Phone	Cell Phone

**ALTERNATE PICK-UP INFORMATION:**

<b>PICK-UP ALTERNATE #1</b>	<b>PICK-UP ALTERNATE #2</b>
Name	Name
Phone	Phone