



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

**Application for Enrollment 2012-2013 School Year**

**Please mark first (#1) and second (#2) choices**

<u>Age</u>	<u>Days</u>	<u>Monthly Tuition</u>
<input type="checkbox"/> 1 Yr. Old	Fridays (9:30am – 12:30pm)	\$85
<input type="checkbox"/> 2 Yr. Old	Monday / Wednesday	\$197
<input type="checkbox"/> 2 Yr. Old	Monday / Wednesday / Friday	\$238
<input type="checkbox"/> 2 Yr. Old	Tuesday / Thursday	\$197
<input type="checkbox"/> 3 Yr. Old	Tuesday / Thursday	\$197
<input type="checkbox"/> 3 Yr. Old	Monday / Wednesday / Friday	\$238
<input type="checkbox"/> 3 Yr. Old	Monday – Friday	\$313
<input type="checkbox"/> 4 Yr. Old	Monday / Wednesday / Friday	\$238
<input type="checkbox"/> 4 Yr. Old	Monday / Tuesday / Thursday / Friday	\$278
<input type="checkbox"/> 4 Yr. Old	Monday – Friday	\$313
<input type="checkbox"/> Trans-Kdg	Monday – Friday	\$313 (+ one time \$20 fee)

**Child's Name** \_\_\_\_\_

**Gender**     Male     Female

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age as of 8-31-12** \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Sibling(s) – Name(s) & Age(s) \_\_\_\_\_

Check One:

- Currently Enrolled Student or Sibling of Student
- General Public

Check One:

- Good Shepherd Member
- Other Church Member / Denomination \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

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 preschool or day care experience Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide when, where and for how long \_\_\_\_\_

**MEDICAL INFORMATION**

Existing Health Problems \_\_\_\_\_ No \_\_\_\_\_ Yes (please describe)

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Previous Serious Illness / Injury \_\_\_\_\_ No \_\_\_\_\_ Yes (please describe)

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Allergies \_\_\_\_\_ No \_\_\_\_\_ Yes (please describe)

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Is your child fully toilet trained? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(Note: Child must be trained to enter the 3-year old program)

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 made aware of?

\_\_\_\_ No    \_\_\_\_ Yes (please explain)

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Doctor's Name / Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dentist's Name / Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Identification Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than Parent / Guardian):**

<b><u>Contact #1</u></b>	<b><u>Contact #2</u></b>
Name	Name
Relationship	Relationship
Work Phone	Work Phone
Home Phone	Home Phone
Cell Phone	Cell Phone

**ALTERNATE PICK-UP INFORMATION:**

<b><u>Pick-Up Alternative # 1</u></b>	<b><u>Pick-Up Alternative #2</u></b>
Name	Name
Phone	Phone