

# Good Shepherd Preschool

A ministry of the First United Methodist Church

2018-19 SCHOOL YEAR

## REGISTRATION FOR TODDLER CLASSES

(Toddlers must be 1 by September 1, 2018)

A registration Fee of \$60.00 (non-refundable, non-transferable) must accompany completed form. The registration Fee saves your child's spot in the class. The money is used to buy supplies for your child including their T-shirt, paint, crayons, glue, curriculum etc.

### MONDAY & WEDNESDAY PRESCHOOL

\_\_\_\_\_ Morning Class Only (9:00 to 11:30) \$150.00

### TUESDAY & THURSDAY PRESCHOOL

\_\_\_\_\_ Morning Class Only (9:00 to 11:30) \$150.00

### MONDAY, TUESDAY, WEDNESDAY, THURSDAY,

\_\_\_\_\_ Morning Class Only (9:00 to 11:30) \$280.00

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

Last

First

Middle

Name child is usually called \_\_\_\_\_ Child's Birth

Date \_\_\_\_\_ Age on September 1, 2018 \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Home /Primary Phone \_\_\_\_\_

Primary email \_\_\_\_\_

Siblings who are or have attended in the past \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of business: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of business: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellphone \_\_\_\_\_ Email: \_\_\_\_\_

***In case of an emergency, whom should we contact if we cannot reach you?***

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

***Other than parents, who will pick up your child? (NO ONE may pick up a child if their name is not listed)***

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

## Personal History

### NEW STUDENTS ONLY unless information has changed

Our desire is for your child to have the greatest positive experience he/she can have at GSPS. This questionnaire is one source we use in helping your child's teacher know him/her better. Feel free to add any information that you believe would be valuable to the staff.

Names and ages of others in your household:

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Does your child have any pets?

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Are there any ethnic practices or holidays you would like the teacher to know about?

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Have there been any major changes in your family lately?

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Has your child ever been cared for by anyone other than yourself? \_\_\_\_\_  
If so, how did he/she adjust? \_\_\_\_\_

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If your child is using the toilet please describe how to approach him or her at the needed times. (What words does he /she use when needing to visit the toilet?)

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If your child is in diapers do you use powder, ointment, or any other? \_\_\_\_\_  
If the answer is yes, do we have your consent to apply these products? \_\_\_\_\_

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Does your child have any allergies to foods? (Ex. peanut butter or milk) \_\_\_\_\_

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Does your child burn easily in the sun? \_\_\_\_\_ Do we have your permission to apply sunscreen to your child if we go outdoors? \_\_\_\_\_

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Is your child allergic to any insects? \_\_\_\_\_ Please explain \_\_\_\_\_

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How do you help your child sleep at nap time? \_\_\_\_\_  
\_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

What approach of guidance or discipline do you find effective with your child? \_\_\_\_\_  
\_\_\_\_\_

What are some activities, toys and games that your child likes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else your child's teacher should know? \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation? \_\_\_\_\_

Are you interested in more information about First United Methodist Church? \_\_\_\_\_  
\_\_\_\_\_



## Health Form

(Please fill out form or attach a copy of current shot record.)

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

Communicable diseases child has had: (month/year of occurrence)

Red Measles: \_\_\_\_\_ 3-day measles \_\_\_\_\_ Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Other \_\_\_\_\_

Dates of Inoculations:

DTP: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_

Dose 4 \_\_\_\_\_ Dose 5 \_\_\_\_\_

Polio: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_

Dose 4 \_\_\_\_\_ Dose 5 \_\_\_\_\_

Hep B: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_

Hep A: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

HIB: \_\_\_\_\_

MMR: \_\_\_\_\_

Varicella \_\_\_\_\_

Health Problems (frequent colds, allergies...to food or medicine, etc.)

\_\_\_\_\_

\_\_\_\_\_

Indicate any special precautions for diet, medication or activity

\_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Ph# \_\_\_\_\_

Dentist \_\_\_\_\_ Ph# \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_