

Good Shepherd Preschool

A ministry of the First United Methodist Church

2018-19 SCHOOL YEAR

REGISTRATION FOR TWO YEAR OLD CLASSES

(Twos must be 2 by September 1, 2018)

A registration Fee of \$60.00 (non-refundable, non-transferable) must accompany completed form.

The registration fee holds your child's spot in the class but also is the money we use to buy supplies needed to begin the school year. Your child's T-shirt, paper, crayons, paint, curriculum etc.

MONDAY/WEDNESDAY PRESCHOOL

_____ Morning Class Only (9:00 to 11:30)	\$150.00
_____ Morning Class PLUS Extended Day Option (9:00 to 3:00)	\$215.00

TUESDAY & THURSDAY PRESCHOOL

_____ Morning Class Only (9:00 to 11:30)	\$150.00
_____ Morning Classes PLUS Extended Day Option (9:00-3:00)	\$215.00

FOUR DAY CLASS

_____ Morning Classes only (9:00 to 11:30)	\$280.00
_____ Morning Classes plus Extended Day Option (9:00-3:00)	\$360.00

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 _____

Mother's Name _____

Place of business: _____

Work Phone: _____ Cell phone/pager _____

Email: _____

Father's Name _____

Place of business: _____

Work Phone: _____ Cell phone/pager _____

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 _____

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:

Does your child have any pets?

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

Have there been any major changes in your family lately?

Has your child ever been cared for by anyone other than yourself? _____

If so, how did he/she adjust? _____

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?)

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? _____

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

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

Is your child allergic to any insects? _____ Please explain _____

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 _____