

# Good Shepherd Preschool

A ministry of the First United Methodist Church

2019-20 SCHOOL YEAR

## REGISTRATION FOR TWO YEAR OLD CLASSES

(Twos must be 2 by September 1, 2019)

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, 2019 \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_