

Application

GOOD SHEPHERD SCHOOL
211 Franklin Road • Lookout Mountain, TN 37350
423-821-0044

DATE _____ **CHILD'S NAME** _____

DATE OF BIRTH _____ SEX Male Female

MOTHER'S NAME _____ HOME # _____

ADDRESS _____

EMPLOYER _____ WORK# _____ CELL _____

FATHER'S NAME _____ HOME # _____

ADDRESS _____

EMPLOYER _____ WORK# _____ CELL _____

E-MAIL ADDRESS _____

Please check your preference: Monday Tuesday Wednesday Thursday Friday

Extended care 7:30AM – 5:30PM

Please check preference: Monday Tuesday Wednesday Thursday Friday
 AM PM AM PM AM PM AM PM AM PM

Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child in the event of an emergency **only**:

EMERGENCY CONTACTS

NAME TELEPHONE CELL

1. _____

2. _____

3. _____

Name of Physician _____ Office Phone _____

Address _____

BACKGROUND INFORMATION

Other children in the family:

Name Age School

Experiences with others

What are some of the ways in which the child plays at home? _____

What forms of discipline do you use at home? _____

Is the entire family together for any time during the day? _____

Eating Habits

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____ Snacks? _____

Does he feed himself? _____

What is his general attitude toward eating? _____

If he refuses to eat, how is this handled and by whom? _____

Food Allergies _____

Sleep Habits

At night sleeps from _____ to _____ Average hours _____

Naps from _____ to _____ Average hours _____

Habits associated with going to bed (ie. Blanket, pacifier, etc.) _____

Toilet Habits

Is he potty trained? _____ Does he take himself? _____

Does he tell you when he needs to go to the toilet and go willingly? _____

Can he manage his clothes himself? _____

What word does he use for urinating? _____ BM? _____

Speech and Physical Growth

Does he talk well? _____ Fairly well? _____ Not very well? _____ Not at all _____

At what age did he creep? _____ Crawl? _____ Walk? _____

Give any other information you think we should have about your child: _____

Desiring to enroll my child in Good Shepherd School, I agree to the following conditions:

1. Tuition is due by the 15th of each month. Unless special arrangements are made, a statement including a late fee will be sent out after the 15th. If tuition is two months in arrears, the Board will notify the parents of the child's suspension until settlement of the bill.
2. The school reserves the right to require the withdrawal of any student whose presence in the school is detrimental to either the student or the school.
3. I grant my permission for the Good Shepherd School Staff to seek emergency care for my child in the event that I am unable to be reached.
4. I give my child permission to participate in all activities at the school including field trips. (I will be notified if my child is to leave the premises).
5. I permit my child to be transported in his designated carpool or released to persons designated by me in writing.
6. I have received a summary of Licensing Requirements
7. I have visited the school prior to my child's start date.
8. I acknowledge that I have received, read and understand the Policy and Procedures for Good Shepherd School.

I agree to pay the Registration Fee of \$85.00 (non-refundable) and ½ of the September tuition payment. The ½ September tuition payment is refundable **only** if I remove my child from the class list **prior to May 31**. _____ is financially responsible for tuition payments.

Parent Signature

Date

***** I am a communicant of the Church of the Good Shepherd

Yes No*****