

# Good Shepherd Preschool Registration Form

## For Office Use Only

Date Received \_\_\_\_\_ Date of Admission \_\_\_\_\_

Program \_\_\_\_\_

Tuition \$ \_\_\_\_\_ Regular \_\_\_\_\_ Snack \_\_\_\_\_ Check # \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex  M  F Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Class Requested:  MWF  AM  PM or  TR  AM  PM