



2021-2022 Our Shepherd Preschool Enrollment Form

CHILD INFORMATION

Child's First & Last Name: _____		
Birth date: ____/____/____	Baptismal Date: ____/____/____	Gender: _____
Student resides with: Both Parents • Shared Custody • Guardian • Mother • Father		

FAMILY INFORMATION

	Mother	Father
First and Last Name:	_____	_____
Home Address:	_____	_____
City, State, Zip code:	_____	_____
Cell Phone Number:	_____	_____
Church Name & City:	_____	_____
Email Address:	_____	_____

PROGRAM INFORMATION

• 3s Preschool • 3 by Sept 1 & toilet trained Minimum 2 half days with a M or T start day		• 4s Preschool • 4 by Sept 1 & toilet trained Minimum 3 half days with a M or T start day		• Young 5s • Minimum 4 half days with a M or T start day	
___ Half Day	___ Full Day	___ Half Day	___ Full Day	___ Half Day	___ Full Day
# of Days: 2 3 4 5		# of Days: 2 3 4 5		# of Days: 2 3 4 5	
Preferred Days: M T W TH F		Preferred Days: M T W TH F		Preferred Days: M T W TH F	
Additional Care Needed: ___ Before School ___ After School ___ Summer		Additional Care Needed: ___ Before School ___ After School ___ Summer		Additional Care Needed: ___ Before School ___ After School ___ Summer	

A non-refundable registration fee of \$125.00 must accompany this form. **Facts/TE pmt:** _____

Parent/Guardian Signature

Date

Our Shepherd Lutheran Preschool & Child Care Center admits children of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to children at our Center. We do not discriminate in the administration of policies or programs administered through the Center.