

GOOD SHEPHERD EARLY CHILDHOOD CENTER
5335 BROCKWAY ROAD
SAGINAW, MI 48638
(989) 793-8252

ENROLLMENT FORM
2012-2013 SCHOOL YEAR

Child's Full Name – Please Print

Birth date

We are interested in enrolling our child in:

____ 3 Yr. Preschool
 ____ a.m. session (9:00 – 11:30 a.m.)
 ____ p.m. session (12:30 – 3:00 p.m.)*

____ 4 Yr. Preschool
 ____ a.m. session (9:00 – 11:30 a.m.)
 ____ p.m. session (12:30 – 3:00 p.m.)*

____ Young Fives
 ____ a.m. session (9:00 – 12:00)

____ Full Day Kindergarten (9:00 - 3:00)

*afternoon sessions are contingent on full morning classes

To be admitted your child must be of age by December 1st and must be fully toilet trained. (If a BM accident occurs while in school a parent or guardian will be called to pick the child up, or returned to childcare, and can return the next school day. (If more than two accidents occur the parent/guardian will be contacted for a conference.)

Will you need childcare? ____ NO ____ YES

____ Before and After school care (Days _____ Times _____)

_____ Full – time ____ Part – time (min. 3 full days)

____ Registration fee is enclosed. I understand that this is a non-refundable registration fee.

\$100 – Kindergarten Registration Fee

\$50.00 – Preschool & Young Fives Registration Fee

Receipt # _____ Check # _____ Cash _____

Parent 's Name(s)

Please Print

Phone #

Address

City, State, Zip