

Good Shepherd Early Childhood Center

Registration Form

Child's Name _____

Present Address _____ Phone _____

City _____, MI Zip _____

Male ____ Female ____ Date of Birth _____ Age _____

Email address _____

Baptized _____ Dedicated _____ Church _____

Father's Name _____

Father's Church _____

Mother's Name _____

Mother's Church _____

Does the child reside with Mom & Dad ____ Mom ____ Dad ____ Other ____

Please explain: _____

Father's Occupation _____

Name of Employer _____

Address of Employer _____

Working hours ____ to ____ Work phone # _____ Cell # _____

Mother's Occupation _____

Name of Employer _____

Address of Employer _____

Working Hours ____ to ____ Work Phone # _____ Cell # _____

Parents are: Married ____ Divorced ____ Separated ____ Remarried ____

If you are not home or are unable to be contacted when an emergency occurs, we should call:

Name _____ Phone # _____

Relationship to child _____

Other children in the family:

Name _____

Birthdate: _____

Please indicate if there has been any medical trauma since birth or any condition the child may have now that would be beneficial for us to know. Please indicate items like premature birth, birth trauma, sustained illness, asthma, allergies, etc.

Date of enrollment _____

I understand that the registration fee is non-refundable.

Signed: _____ Date: _____

If mailing, mail to: Good Shepherd Early Childhood Center
5335 Brockway Rd
Saginaw, MI 48638
989-793-8252
goodshepherdecc@hotmail.com