

**GOOD SHEPHERD SCHOOL
211 FRANKLIN ROAD
LOOKOUT MOUNTAIN, TN 37350
423-821-0044**

**GSS APPLICATION
SEPTEMBER -MAY**

DATE _____
CHILD'S NAME _____
DATE OF BIRTH _____ SEX _____
MOTHER'S NAME _____ HOME # _____
ADDRESS _____
EMPLOYER _____ WORK# _____ CELL _____
FATHER'S NAME _____ HOME # _____
ADDRESS _____
EMPLOYER _____ WORK# _____ CELL _____
E-MAIL ADDRESS _____

Please check your preference
M ___ T ___ W ___ Th ___ F ___

Extended care 7:30 am-5:30 pm
Please check preference:
M ___ T ___ W ___ Th ___ F ___
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 _____ difficulty,
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)*****