

Good Shepherd Lutheran School

1133 Reston Avenue Herndon, VA 20170 703-437-4511

Preschool@gslcva.org

www.gslcva.org

Application for Enrollment September 2021 – May 2022

All children must be potty-trained (mastered independent toileting).

Ages 2½ - 3½
 Tuesday-Wednesday-Thursday

All Classes meet 9:15 am. – 12:15 p.m.

Ages 3½ - 4
 Tuesday-Wednesday-Thursday-Friday

Ages 4 - 5
 Monday through Friday

TODAY'S DATE _____ Is your child currently enrolled in our school? _____
How did you hear about our program? _____

CHILD INFORMATION

Name: Last _____ First _____ Middle _____

Name You Want Child Called: _____ Sex _____ Date of Birth _____

Baptized Yes No If yes, date _____

Has your child attended a preschool program before? No Yes _____

Name of Program _____

Does your child receive any developmental services? No Yes Please list: _____

I will notify the school office if there are any changes after Registration: Yes **Initial** _____

FAMILY INFORMATION

Father's Name _____ Employer _____ Work Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell (Primary) _____ Cell (Other) _____

Primary Language Spoken at Home: _____ email: _____

Church Your Family Attends: _____

Names/Ages of Other Children in Your Family: _____

During the school year, there may be projects that require photographs and tapes. These photographs may be published. My child has my permission to participate. _____

Parent Signature _____

Please list any allergies your child has: None: ___ List _____

All allergies must be verified by a physician in writing by August 31, 2021 in order for any precautions to be put into place. Staff does not administer any medications except Epi-Pens, which require a **Med. Adm. Form.**

I will notify the school office if there are any health changes after Registration: Yes Initial _____

Fees and tuitions are payable (one check) to Good Shepherd Lutheran School and are non-refundable.

TO ENROLL, please submit: 1) Application Form

2) Registration Fee (per child): \$ _____

3) Activity Fee (per child – see schedule): \$ _____ Check date _____

4) September Tuition Fee (see schedule): \$ _____ Check # _____

TOTAL Due: \$ _____ Check amt. \$ _____

IMPORTANT INFORMATION:

Your child's ORIGINAL birth certificate (or passport) and a completed Virginia School Entrance Health Form MCH 213-G, documenting immunizations as required by law, must be submitted prior to your child's first day of attendance. The Health Form **MUST be signed by a physician **WITHIN 90 DAYS** of the first school day for all **NEW** and **RETURNING** students. Documents must be on file by August 31, 2021.**

I am enrolling my child for the school term of September 13, 2021 – May 27, 2022. I understand and agree to the school's fees and policies as noted above.

Signature of Parent/Guardian