

Registration Packet
for
Good Shepherd
Christian Preschool

White Oak Baptist Church

20 North Whittlesey Avenue

Wallingford, CT 06492

203-269-6263

Tracy Lennon, Director (director@gscps.org)





Love one another as I have loved you.

John 15:12

Thank you for your interest in our program. If you would like to reserve a place for your child in September, please complete the attached forms and return them as soon as possible with a \$50.00 registration fee.

If you have any questions or would like to visit our classroom, please call for an appointment. Thank you.

We look forward to seeing you in September!

**Good Shepherd Christian Preschool
Wallingford, CT**



Preschool Registration Form

Registration Date _____ Start Date _____

Child's Name _____ Birth Date _____

Child's Address _____ E-mail _____

Mother	Father
Name	Name
Home Address	Home Address (check if same <input type="checkbox"/>)
Home Phone	Home Phone (check if same <input type="checkbox"/>)
Cell Phone	Cell Phone
Occupation	Occupation
Work Address	Work Address
Work Phone	Work Phone

Doctor's Name: _____ Doctor's Telephone _____

List Allergies: _____ Special Fears: _____

Why did you choose Good Shepherd? _____

What expectations do you have for your child's preschool experience? _____

Other children in the home and their ages: _____

Additional information regarding your child that would be helpful: _____

Church Affiliation (optional): _____

Parent's Signature: _____ Date: _____

Do you understand the tuition and the mission/purpose/vision policies of the preschool? Yes No

Days Attending: Mon. Tues. Wed. Thurs. Fri

Good Shepherd Christian Preschool
Parent's Authorization for Emergency Care



Child's Name: _____

Child's Pediatrician: _____ Telephone #: _____

Child's Insurance: _____ Policy #: _____

What allergies does your child have? _____

Date of last tetanus shot: _____

In the event I cannot be reached in an emergency, I hereby give permission to have the Preschool staff and/or EMT personnel administer First Aid to my child. In an emergency, I give permission for my child to be transported by EMT personnel to the emergency room at MidState Medical Center or the nearest hospital during the time my child is attending preschool or a preschool sponsored event. I also give my permission to the attending physician in the Emergency Room to secure proper treatment and hospitalize, if necessary.

Parent's Signature

Date

If you **do not** wish your child to go to MidState Medical Center in the event of an emergency, please state your desired instructions below.

Parent's Signature

Date



Parent's Authorization for Field Trips

The Good Shepherd Christian Preschool has my permission to take my child,
_____, on walks with the preschool children on supervised preschool activities (such as nature walks), and to take my child on supervised field trips for which advanced notice will be given.

Parent's Signature

Date

Good Shepherd Christian Preschool



Permission to Photograph

Date: _____

Child's name _____

I give permission for my child's picture to be published on the school social media pages. i.e. Instagram & Facebook

Parent's name: _____

Parent's signature: _____

OR

I do **not** give permission for my child's picture to be published on the school social media pages. i.e. Instagram & Facebook

Parent's name: _____

Parent's signature: _____

Do you object to your child's picture being taken and placed on the bulletin board? (yes or no)_____

Parent's name: _____

Parent's signature: _____

**AUTHORIZATION
FOR REMOVAL OF CHILD FROM SCHOOL
BY PERSON OTHER THAN PARENT**

Child's name _____

I give permission for the following person(s) to pick up my child from the preschool in my place.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Will this be effective for the entire year? Yes No

If no, please list the applicable dates: _____

Pickup forms are located in the lobby.

Unplanned change in pickup - If for some reason I need another person to pick up my child who is NOT on this list, I will call the school ahead of time. I will provide information regarding the person picking up my child. If I do not call the school ahead of time, I understand that the school cannot release my child to that person. The person picking up my child must show a pictured ID.

Planned change in pickup - If I have a planned change in pickup, I will notify the preschool staff in writing and the person picking up my child must show a pictured ID.

The school has the right to refuse pickup arrangements if the above policy is not followed.

Parent's Signature

Date

Good Shepherd Christian Preschool



Permission for Food Projects

I give permission for my child, _____, to participate in all food projects at Good Shepherd Christian Preschool. I understand that this will include cooking, tasting/eating, or exploring food items. I have provided the necessary information to Good Shepherd Preschool about all known allergies and I have listed any restrictions below. I am responsible for notifying this preschool of any changes in my child's allergy alert.

(Signature of Parent)

(Date)

Restrictions: (Please list below)

Acknowledgement of Receipt of Handbook



Acknowledgement of Receipt for Good Shepherd Christian Preschool Parent Handbook which includes Policies and Procedures for Child Abuse and Neglect

As a parent with a child enrolled in the Good Shepherd Christian Preschool, I acknowledge that I have received a copy of the Parent Hand book which includes the Policy and Procedures for Child Abuse and Neglect; I have reviewed the handbook, including the policies and have been allowed to ask questions. The schools policy on discipline has been discussed and I have been allowed to ask questions. This handbook is also available to me on the school website @ www.gscps.org.

As a parent, I understand that I have the right to speak with the Director at any time about my child and about any policy of this preschool program.

(Signature of Parent)

(Date)