

Good Shepherd Lutheran School Extended Services

Biographical Information

Date _____

Enrolling for Additional Services

Before _____
After _____
Before and After _____
Extend Lunch _____

Child's Name: _____
(Last) (First) (M.I.)

Birth date: _____

Class Registered for _____
Teacher _____

Parent / Guardian Information

Father

Mother

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

Occupation _____

Business Name _____

Business Address _____

Work Phone _____

Cell Phone _____

E-mail Address _____

Student lives with: Both Parents _____ Mother _____ Father _____

Siblings: Name Birthdate

Emergency Numbers: If your child becomes ill, a parent will be contacted first. If we cannot get in touch with a parent, alternative people will be contacted. Please list two alternate names / numbers we can call in an emergency.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Lunch 11:30am-12:30am \$5.50 \$25.00 weekly (Students in PrK or Kindergarten)

Before School 7-8am \$5.50 daily or \$25.00 weekly

After School 3:30pm- 5:30pm \$45.00 weekly

Before and After School \$60.00 for the week

Late Fee of \$15.00 (10 minutes passed)

\$2.00 Each occurring late minute

Reoccurring lateness will result in this service ending.

Signature: The completion of this application form and the signature of the parent or guardian constitute an agreement that the tuition and other fees for this student will be paid and that the policies as set forth by the school will be honored.

Signed: _____

Parent(s) or Guardian(s)

_____ Date