

**Good Shepherd
Early Childhood Educational Center**

REGISTRATION

Date Received:	
Registration Fee:	Ck#:
Supply Fee:	Ck#:

GRADE _____ FOR SCHOOL YEAR _____

STUDENT LAST NAME:		FIRST	MIDDLE	AGE SEPT. 1:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:			CITY/STATE/ ZIP:		TELEPHONE:
DATE OF BIRTH:	PLACE OF BIRTH:			RELIGION:	
FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/> (Pick up by 12:00 noon)		PART TIME <input type="checkbox"/> (3 days a week)	

PARENT INFORMATION:					
RELATION:	<input type="checkbox"/> FATHER	<input type="checkbox"/> STEP-FATHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> OTHER	
NAME:					RELIGION:
EMPLOYER/OCCUPATION:					BUSINESS PHONE:
RELATION:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> STEP-MOTHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> OTHER	
NAME:					RELIGION:
EMPLOYER/OCCUPATION:					BUSINESS PHONE:

CHECK ANY THAT APPLY:		
<input type="checkbox"/> LIVES WITH PARENTS	<input type="checkbox"/> LIVES WITH STEP-FATHER	<input type="checkbox"/> PARENTS DIVORCED
<input type="checkbox"/> LIVES WITH MOTHER	<input type="checkbox"/> LIVES WITH STEP-MOTHER	<input type="checkbox"/> PARENTS SEPARATED
<input type="checkbox"/> LIVES WITH FATHER	<input type="checkbox"/> FATHER DECEASED	<input type="checkbox"/> PARENTS REMARRIED
<input type="checkbox"/> LIVES WITH GUARDIAN	<input type="checkbox"/> MOTHER DECEASED	<input type="checkbox"/> SPOUSE'S NAME:

CHECK YOUR PREDOMINANT ETHNIC BACKGROUND:		
<input type="checkbox"/> AMERICAN INDIAN/NATIVE ALASKAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> MULTI-RACIAL
<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	
<input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN CAUCASIAN	

NAMES OF BROTHERS AND/OR SISTERS: (3 IF CURRENTLY ENROLLED AT GOOD SHEPHERD SCHOOL)					
NAME	GRADE	NAME	GRADE	NAME	GRADE

NAME OF LAST SCHOOL ATTENDED?

DOES YOUR CHILD HAVE ANY ILLNESS OR PHYSICAL CONDITION WHICH SHOULD BE BROUGHT TO OUR ATTENTION? IF YES, PLEASE EXPLAIN:

CATHOLIC PARISH YOU ATTEND:

SIGNATURE OF PARENT OR GUARDIAN

DATE