



GOOD SHEPHERD LUTHERAN SCHOOL

99 Central Park Road, Plainview, N.Y. 11803
(516) 349-1966
contact@gsplainview.org
www.gsplainview.org

APPLICATION FOR ENROLLMENT 2018-2019

(Non-refundable application fee is \$125)

Please check appropriate choice of program:

School Year Programs: September through June**

- Pre-Kindergarten:** (4 years by Dec. 31, 2018)
 - Full Day, 9:00am - 3:00pm, M - F
 - Full Day, 9:00am - 3:00pm, 3 days/week (M, W, F)
- Nursery:** (3 years by Dec. 31, 2018)
 - Full Day, 9:00am - 3:00pm, M - F
 - Full Day, 9:00am - 3:00pm, 3 days/week (M, W, F)
 - Half Day, 9:00am - 11:30am, M - F
 - Half Day, 9:00am - 11:30am 3 days/week (M, W, F)
- Toddler:** (18 - 36 months)
 - *Does not have to be toilet trained*
 - Full Day 9:00am - 3:00pm, M - F
 - Full Day, 3 or 4 days/week
 - Circle days: M, T, W, Th, F
 - Half Day 9:00am - 11:30am, M - F
 - Half Day, 3 days M/W/F
 - Half Day, 2 days T/Th

Extended Programs: September through August

- *Only closed major holidays and the week of August 20th - 24th*
- Infant Daycare:** (6 weeks to 18 months)
 - Operates 7:00am - 6:00pm, Monday - Friday
- Toddler:** (18 months to 36 months)
 - *Does not have to be toilet trained*
 - Operates 7:00am - 6:00pm, Monday - Friday
- Nursery:** (3 years by Dec. 31, 2018)
 - Operates 7:00am - 6:00pm, Monday - Friday
- Pre-Kindergarten:** (4 years by Dec. 31, 2018)
 - Operates 7:00am - 6:00pm, Monday - Friday

****Before and After Care Programs are offered September through June for School Year children from :
7:00AM – 9:00AM and from 3:00PM – 6:00PM.**

FAMILY INFORMATION (Please Print)

Child's Name _____ Date of Birth: ____/____/____ Sex: ____
Last First Middle Initial

Address: _____
City State Zip

Preferred Email Address: _____

Home Telephone: _____

PARENT AND/OR GUARDIAN INFORMATION:

Mother's Name: _____ Father's Name: _____
 Mom's cell: _____ Dad's cell: _____
 Mom's Work Telephone: _____ Dad's Work Telephone: _____
 Mom's Employer: _____ Dad's Employer: _____



CHILD'S PERSONAL INFORMATION

Preferred Name: _____

Does your child speak English proficiently? Yes ___ No ___

What other language does your child speak? _____

List Allergies/Medical Conditions:

Please check any/all that apply:

- American Indian or Alaskan Native
- Black (not Hispanic origin)
- Asian or Pacific islands
- Hispanic
- White (not Hispanic origin)

School District: _____

We are required to report racial and school district information to the New York State Department of Education for statistical purposes only.

How did you hear about Good Shepherd Lutheran School?

Currently Enrolled ___ Friend ___ Advertisement ___ Church ___ Website ___ Other ___

CHURCH MEMBERSHIP (if applicable, we offer member discounts; please print church name and denomination):

Mother: _____ Father: _____

Would you like to be added to our church newsletter email mailing list? Yes ___ No ___ *(be sure to note preferred email address on page 1)*

Permissions:

- I give permission for my child's name, address, phone number, etc. to be included on the class list.**
(This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

Parent Signature

- I give permission for my child's picture to appear in brochures, publications, website, etc.**
(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

Parent Signature

COPY OF BIRTH CERTIFICATE OR PASSPORT:

- I have submitted my child's proof of birth date with this application.

APPLICATION FEE:

- I have submitted a \$125 non-refundable application fee with this application.

VALID MEDICAL FORM/RECORD OF IMMUNIZATIONS:

These are required for entrance on first day of school. Medical forms are valid for one year since most recent exam.

Good Shepherd Lutheran School grants to students of any race, color, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed. The school reserves the right to alter our program offerings based on actual enrollment. Programs are subject to availability and are offered on a first-come, first-served basis.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Good Shepherd Lutheran School in working with my child. I understand that the \$125 application fee is non-refundable and a \$25 fee may be charged if I make a program change. In addition, I agree to fulfill my financial obligations to Good Shepherd, as set forth in the Tuition/Fee Schedule, Payment Agreement and Refund Policy.

PARENT/GUARDIAN SIGNATURE _____

DATE _____