



GOOD SHEPHERD LUTHERAN SCHOOL

99 Central Park Road, Plainview, N.Y. 11803

(516) 349-1966

contact@gsplainview.org

www.gsplainview.org

APPLICATION FOR ENROLLMENT 2020-2021

(Non-refundable application fee is \$150)

Please check appropriate choice of program:

School Year Programs: September through June**

- Toddler:** (18 - 36 months)
 - Half Day 9:00am - 11:30am, 3 or 4 days
Circle Days M, T, W, TH, F
 - Half Day 9:00am - 11:30am, 5 days M - F
 - Full Day 9:00am - 3:00pm, 3 or 4 days/week
Circle days: M, T, W, Th, F
 - Full Day 9:00am - 3:00pm, 5 days M - F
 - Nursery:** (3 years by Dec. 31)
 - Half Day, 9:00am - 11:30am, 2, 3, or 4 days/week:
Circle days: M, T, W, TH, F
 - Half Day, 9:00am - 11:30am, 5 days M - F
 - Full Day, 9:00am - 3:00pm, 3 or 4 days/week:
Circle days: M, T, W, TH, F
 - Full Day, 9:00am - 3:00pm, 5 days M - F
 - Pre-Kindergarten:** (4 years by Dec. 31)
 - Full Day, 9:00am - 3:00pm, 3 days/week
M, W, F
 - Full Day, 9:00am - 3:00pm, 4 days/week
Circle 4 days: M, T, W, TH, F
 - Full Day, 9:00am - 3:00pm, 5 days M - F
- **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.**

Daycare/Extended Programs:

July/September through August

**Only closed major holidays and
the week of August 24th – 28th*

- Infant Daycare:** (6 weeks to 18 months)
- Toddler:** (18 months to 36 months)
- Nursery:** (3 years by Dec. 31)
- Pre-Kindergarten:** (4 years by Dec. 31)

All Daycare/Extended program hours are:

7:00am - 6:00pm, Monday - Friday

Please check one:

My child will begin in July.

My child will begin in September.

OPTIONAL REQUEST

I request Ms./Mrs. _____
as my child's teacher. I understand that this request
will be given every consideration, but may not be
honored due to class ratios and enrollment.

Parent Signature

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: _____

Please complete back side



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 (we offer a Good Shepherd Lutheran Church member discount):

Please list family member name: _____

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 REQUIRED:

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

APPLICATION FEE REQUIRED:

- I have submitted a \$150 non-refundable application fee with this application.

VALID MEDICAL FORM/RECORD OF IMMUNIZATIONS REQUIRED BY AUGUST 5, 2020:

These are needed for school attendance. 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 \$150 application fee is non-refundable and a \$40 fee will be charged if I make a program change which differs from the original application. In addition, I agree to fulfill my financial obligations to Good Shepherd, as set forth in the Tuition/Fee Schedule, Payment Agreement, Payment Policy, and Refund Policy.

PARENT/GUARDIAN SIGNATURE _____

DATE _____