



GOOD SHEPHERD CHRISTIAN PRESCHOOL

418 Maxwell Drive, Pittsburgh, PA. 15236

412-884-5960 * preschool@goodshepherdpittsburgh.org *new email

2019-2020 Registration Form

Child's First Name: _____ Child's Last Name: _____

Child's date of birth _____ Gender: _____ M _____ F

Street Address: _____

City _____ State _____ Zip Code _____

Phone# _____ Cell Phone _____ Email Address _____

Which is the best way to communicate with your family? Please circle: **email** cell text mail other

Family Information: _____ Married _____ Separated _____ Divorced _____ Single

If divorced: Do both parents have shared custody? _____ Yes _____ no

If parents have shared custody, please submit, to the preschool office, a copy of the court custody agreement to place in child's file.

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

E-mail _____ E-mail _____

Primary Phone _____ Primary Phone _____

Cell# _____ Cell # _____

Occupation _____ Occupation _____

What language do you speak at home? _____

Names and birth dates of all other children in the household Do they live with you at your home?

Name: _____ Date of birth _____ do they live with your child? Yes No

Name: _____ Date of birth _____ do they live with your child? Yes No

Name: _____ Date of birth _____ do they live with your child? Yes No

Name: _____ Date of birth _____ do they live with your child? Yes No

Name: _____ Date of birth _____ do they live with your child? Yes No

Does anyone else live with your child? _____

Pick-up: Persons authorized to pick up child

Name: _____ Relationship _____

Persons **prohibited from picking up your child** _____

Child's History

Does your child need any academic or health services _____ yes _____ no?

If yes, please explain _____

Is your child _____ right handed _____ left handed _____ not sure

Has your child had a previous group or preschool experiences? _____ yes _____ no

If yes, please list where and dates: _____

Health related History: Does your child have any allergies? _____ yes _____ No

If yes, please explain allergies and treatment _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____ yes _____ No

If yes, please explain _____

Are there any medical issues of which we need to be aware? _____

Children bring their own snacks from home, but share party treats at school. Are there any food allergies and/or restrictions? _____

Has your child recently experienced any changes (move, new baby, trauma) which may affect their activities in school? _____

Comments: Any additional information that teachers' might need to know? _____

What are your expectations for your child's preschool education? _____

Religious Affiliation _____

Family attends church or practices religion at _____

Child is baptized? _____ yes _____ no If no, are you interested in finding out more about baptism for your child? _____ yes _____ no

Are you interested in finding out more about Good Shepherd Lutheran Church and our beliefs? _____ yes
_____ no

Good Shepherd Christian Preschool admits students of any race, color or national origin to all the rights, privileges, program and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies and other school administered programs.