

Good Shepherd Child Development Center

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www.goodshepherdcdc.com

JUNE 5 – JULY 27, 2023 – Summer (2 months – entering 5th grade)

Mon _____ Tue _____ Wed _____ Thur _____

AUGUST 2023 – MAY 2024 Early Childhood Enrichment (2 months – 3 years)

Mon _____ Tue _____ Wed _____ Thur _____

AUGUST 2023 – MAY 2024 Preschool (3 years old by September 1)

3 days Mon/Tue/Wed _____

4 days Mon/Tue/Wed/Thur _____

\$30 non-refundable enrollment fee for Fall/Spring

\$50 deposit to hold your summer spot

PERSONAL INFORMATION

Child's Full Name _____ Date of Birth _____

Nickname _____ Sex Male Female

Home Address _____ Home Phone _____

City, State, Zip _____

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Mom's email _____ Dad's email _____

Child lives with: Both Parents Mother Father Other _____

Other children in the home

1. _____ Age _____ Sex _____

2. _____ Age _____ Sex _____

3. _____ Age _____ Sex _____

Other adults in the home _____ Relationship _____

Do you have a church home? Yes No Church name _____

Office Use	Enrollment Date: _____	Time: _____
Fall Class: _____	Enrollment Fee: _____	Check number: _____
Summer Class: _____	Summer Deposit: _____	

EMERGENCY INFORMATION

In case of emergency, notify those below if unable to contact parents/guardian:

1. _____
Name Relationship Phone #
2. _____
Name Relationship Phone #

PICK UP AUTHORIZATION

The following people may pick up my child, in addition to the parents and emergency contacts listed above.

- | Name | Phone Number | Relationship |
|----------|--------------|--------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

AUTHORIZATION FOR MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize a Good Shepherd Child Development Center representative to take my child to the listed physician or any physician, surgeon, or dentist on staff at Jane Phillips Medical Center to administer treatment. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to my child.

Family Physician Phone #

Insurance Company _____ Policy # _____ (Optional)

HEALTH STATEMENTS

Allergies _____

Existing illness _____

Special medications and/or restrictions for care _____

Dietary restrictions _____

PHOTO/VIDEO RELEASE

I understand that by enrolling my child in Good Shepherd CDC, their photo will be taken and may be used in craft projects, program slide shows, or display in the building. However, I have a choice whether my child's photo can be posted on the internet.

I give my permission for my child to be photographed and posted on the website, Facebook, and newsletter, or possibly the local newspaper

I DO NOT give my permission for my child to be photographed and posted on the website, Facebook, and newsletter, or possibly the local newspaper

Parent or Guardian Signature

Date

ALL ABOUT ME

My family consists of _____

Does your family have pets _____ What kind, and what are their names? _____

Does your child enjoy playing Alone? yes no One on one? yes no In groups? yes no

Please list any special family situations that will help us to know your child (new baby, divorce, illnesses, recent move, etc.) _____

Briefly describe how your child sleeps (on back or belly, sucking thumb, pacifier, etc.) _____

Please describe your child's temperament (shy, nervous, outgoing, etc.) _____

What causes your child to show his/her temper? _____

What fears does your child have and how do you handle these fears? _____

What would you like your child to gain from this program? _____

What other nursery/child care experiences has he/she had? _____

Was it a good experience? _____

Have you detected (via testing) or do you suspect any difficulties in:

Hearing _____

Speech _____

Sight _____

Coordination _____

Which hand does your child prefer for writing/drawing? _____

You may want to know this about my child _____
