**SCHOOL AGE APPLICATION**

**GOOD SHEPHERD SCHOOL AGE PROGRAM**

#300607186

8152 MC FADDEN AVENUE, WESTMINSTER, CALIFORNIA 92683 (714) 894-4330 www.goodshepherdwestminster.com

**Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CIRCLE SCHOOL AGE PROGRAMS NEEDED: CIRCLE DAYS CHILD WILL ATTEND:**

 **AFTER SCHOOL BEFORE SCHOOL MON TUE WED THUR FRI**

**GRADE ENTERING IN SEPT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PUBLIC SCHOOL CHILD WILL ATTEND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILIES WILL QUALIFY AFTER 6 MONTHS OF CONTINUED ENROLLMENT FOR CREDIT EQUAL TO AN AVERAGE WEEK TO BE USED AS VACATION/SICK DAYS PERIOD. STUDENTS MUST CONTINUE THEIR ENROLLMENT UNTIL JUNE AT WHICH TIME THE CREDIT WILL BE APPLIED.**

**PAPERWORK MUST BE FILLED OUT AT THE TIME OF ABSENCE. TUITION CHARGED FOR THE FALL PROGRAM IS BASED ON YOUR SELECTED NUMBER OF DAYS AND TIMES AND IS BILLED IN MONTHLY INSTALLMENTS. THE DAYS THE SCHOOL IS CLOSED HAVE NOT BEEN INCLUDED IN YOUR COST.**

**(Please Print)**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Name

Home Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Names of Father & Mother or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Marital Status ( ) Married ( ) Divorced ( ) Widowed ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names & ages of other children in family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child attended preschool before?\_\_\_\_\_\_\_\_\_How long?\_\_\_\_\_\_\_\_Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIELD TRIP AND MEDICAL CONSENT**

I do hereby authorize Good Shepherd School to take\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on any field trip whose plans have been posted. Parents will be issued a separate consent form for each field trip. In the event that my child becomes ill or sustains an injury while in the care of the Good Shepherd School, I give my permission to those in charge to take whatever steps are necessary to stop any bleeding. If it is not possible to reach the doctor named above or to receive my instructions for his/her care, consent is given to any licensed physician and/or surgeon called upon to whom my child is taken for treatment by them or to administer drugs or medications and perform such surgical procedures as he shall think the emergency requires for the relief of pain and to preserves his/her life and health. I will be responsible for all expenses incurred by such an illness or injury.

**PARENT SIGNATURE REQUIRED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**