Good Shepherd Day School Waitlist Application

***\*$50 waitlist fee, no cash accepted- Payment authorization link will be sent by Procare/Tuition Express-***

***credit/debit/ACH accepted.***

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like enrollment to begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a GSDS Legacy Family? \_\_\_\_yes \_\_\_\_\_no

If yes, name of sibling(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desired Classroom:** Final assignment will depend on child’s readiness and program availability.

\_\_\_\_\_\_\_\_Toddler/Twos class: 2 by 12/31\* of this year (\* or based on ratio staffing availability)

\_\_\_\_\_\_\_\_PK3: 3 by 9/1 of this year and fully potty trained

\_\_\_\_\_\_\_\_Pk4: 4 by 9/1 of this year and fully potty trained

\_\_\_\_\_\_\_\_PK4 with VPK: 4 by 9/1 of this year and fully potty trained

\_\_\_\_\_\_\_\_Vpk Hours only (12:30pm-3:30pm) 4 by 9/1 of this year and fully potty trained

\_\_\_\_\_\_\_\_Summer VPK/ Summer Camp

**Days per week: Indicate your choice in schedule. Final schedule will depend on availability.**

**2 days:** Tuesday/Thursday **3 days:** Monday/Wednesday/Friday **5 days:** Monday-Friday

**Length of Day:** Check all that apply

\_\_\_\_\_\_Half Day (7:30-12:30)

\_\_\_\_\_\_Full Day (7:30-3:30)

\_\_\_\_\_\_Extended Day (3:30-5:00)

\_\_\_\_\_\_Fall VPK Hours only (12:30-3:30)

\_\_\_\_\_\_Summer VPK (8:00-3:30pm)

***Parent Signature****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_\_\_\_\_\_***

***For office use only:***

*Date of tour:\_\_\_\_\_\_\_\_\_\_\_\_Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_Procare:\_\_\_\_\_\_\_\_\_\_Bookkeeper:\_\_\_\_\_\_\_*