

Good Shepherd Day School Waitlist Application

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

Child's Name:			DOB:	Gender: M or F
Parent/Guardia	n Name:			
		Email:		
Address:				
When would ye	ou like enrollment to	begin?		
Are you a GSD	S Legacy Family?	yesno		
	If yes, name of sibli	ng(s):		
Desired Classi	oom: Final assignn	nent will depend on child's 1	readiness and	program availability.
Todd	ler/Twos class: 2 by	12/31* of this year (* or ba	ased on ratio s	taffing availability)
PK3:	3 by 9/1 of this year	r 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	
	_ ,	pice in schedule. Final sche	•	end on availability. 5 days: Monday-Friday
Length of Day	: Check all that app	ly		
	Half Day (7:	30-12:30)		
	Full Day (7:	30-3:30)		
	Extended Da	ny (3:30-5:00)		
	PK4 with V	PK Hours (Monday-Friday)		
Parent Signatu	Parent Signature:		Date:	
For office use only:				
Date of tour:	Date received.	Procare:	Boo	okkeeper: