

Good Shepherd Day School

544 Sayre Avenue, Lexington, KY 40508

s: (859) 255-9734 • f: (859) 977-3844

Child Enrollment Information

Child's full name

Goes by

Date of Birth

Gender

Ethnicity

Social Security Number

Episcopalian? ()yes ()no

Siblings and Ages

Previous Group or School Experience

Additional Services

Does your child receive any additional services (example-speech therapy, occupational therapy, etc.)? If yes, please explain.

Parent Information (Mother)

Parent Information (Father)

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Email Address

Email Address

Preferred Phone for School Purposes

Preferred Phone for School Purposes

Home Phone or Second Phone Number

Home Phone or Second Phone Number

Employer

Employer

Occupation

Occupation

(OVER)

Emergency Contacts Other Than Parents (Parents will always be contacted first.)

_____	_____	_____	_____
Name	Relationship to Child	Best Phone Number	OK to pick up?
_____	_____	_____	_____
Name	Relationship to Child	Best Phone Number	OK to pick up?
_____	_____	_____	_____
Name	Relationship to Child	Best Phone Number	OK to pick up?

No Pick Up! Please give detailed information regarding any person NOT to pick up your child.

Name(s) Relationship(s) to Child

Brief description:

Medical Information

** If your child requires medicine or an epi-pen at school, a separate medical form will need to be completed. Please ask child's teacher for this form.*

Doctor: _____ Phone: _____

Daily Medications: _____ Hospital of Choice: _____

Known Allergies

** If your child requires medicine or an epi-pen at school, a separate medical form will need to be completed. Please ask child's teacher for this form.*

_____	_____	_____
Description	Severity (mild, moderate, severe)	Treatment
_____	_____	_____
Description	Severity (mild, moderate, severe)	Treatment

Additional Information

Please feel free to share any additional information about your child. _____

Permission to Give and/or Seek Emergency Treatment

I give the staff and teachers of Good Shepherd Day School permission to give or seek emergency treatment for my child in the event treatment is needed and I cannot be reached.

Signature of Parent(s) Date