



Enrollment Request Form - 2022/2023
Good Shepherd Education Center
305 East Smallwood Drive Waldorf, MD 20602
301-645-7550

Child's Name: _____
(Last) (First)

Home Address: _____
(Street) (City) (State, Zip)

Home Phone: _____

Please select the program you are interested in having your child attend.

- Pre-School** (8:30AM-12:30AM Monday through Friday) \$425.00/mo. \$105.00/wk.
Children must be 3 years old by September 1, 2022. + \$25.00/Cleaning Fee
- Pre-School Child Care** (6:00AM - 6:00PM Monday through Friday) \$815.00/mo. \$210.00/wk.
Children must be 3 years old by September 1, 2022. + \$25.00/Cleaning Fee
- Pre-Kindergarten** (8:30AM - 12:30AM Monday through Friday) \$425.00/mo. \$105.00/wk.
Children must be 4 years old by September 1, 2022. + \$25.00/Cleaning Fee
- Pre-Kindergarten Child Care** (6:00AM-6:00PM Monday through Friday) \$815.00/mo. \$210.00/wk.
Children must be 4 years old by September 1, 2022. + \$25.00/Cleaning Fee
- Just for Twos** (6:00AM-6:00PM Monday through Friday) \$900.00/mo. \$230.00/wk.
Children must have had their second birthday before enrollment. + \$25.00/Cleaning Fee

Please return request form and enrollment application with the non-refundable registration fee of \$150.00. Acceptance of all necessary forms and paid fees before the necessary dates assures a place of enrollment at Good Shepherd Education Center for the school year 2022/2023.

PARENT'S SIGNATURE: _____ DATE _____



For Office Use Only
Class: _____
Child Care: _____ Paid _____

Enrollment Application - 2022/2023

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305 East Smallwood Drive Waldorf, Maryland 20602
301-645-7550

CHILD'S NAME _____
Last First Middle

CHILD IS CALLED _____ SEX: Male Female

BIRTHDATE: _____ Home Phone: _____
Month - Day - Year

MAILING ADDRESS: _____
Street City State Zip Code

RESIDENCE: _____
Street City State Zip Code

NAME OF DEVELOPMENT/NEIGHBORHOOD: _____

FATHER'S NAME: _____ CELL #: (____) _____

OCCUPATION: _____ WORK HOURS/DAYS: _____

EMPLOYER: _____ WORK # (____) _____

E-MAIL _____

MOTHER'S NAME _____ CELL #: (____) _____

OCCUPATION: _____ WORK HOURS/DAYS: _____

EMPLOYER: _____ WORK # (____) _____

E-MAIL _____

ARE PARENTS: MARRIED SEPARATED SINGLE PARENT LEGALLY DIVORCED

CHILD'S BROTHERS (names & ages) _____

CHILD'S SISTERS (names & ages) _____

OTHER PEOPLE IN HOUSEHOLD (names & relationships) _____

RELIGIOUS AFFILIATION: _____ NAME OF CHURCH: _____

CHILD'S PREVIOUS LEARNING EXPERIENCES: Church School Parents Day Out Child Care
 Good Shepherd: PS3 PS5 PRE-K Other (name): _____

CHILD'S MEDICAL PROBLEMS (Specify): _____

CHILD'S KNOWN ALLERGIES (Specify): _____

CHILD'S HAND PREFERENCE: Left Right Unknown TOILET TRAINED: Yes No

New Enrollees Only:

Did a currently enrolled family refer you to GSEC? Yes No
 If yes, please list their name as they will receive a tuition credit. _____

Why did you choose Good Shepherd Education Center for your child's early childhood education?

