



For Office Use Only

Class: \_\_\_\_\_

Child Care: \_\_\_\_\_ Paid \_\_\_\_\_

## Enrollment Application - 2020/2021

Good Shepherd Education Center  
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

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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?

\_\_\_\_\_  
\_\_\_\_\_