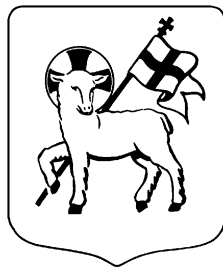


# **Good Shepherd Episcopal School**

## **Enrollment Packet 2013-2014**

**Please complete and return all forms at  
registration**

**Registration Begins Monday, February 25, 2013 @ 9:00**



2929 Woodland Hills Dr.  
Kingwood, Texas, 77339  
281-359-1895



General Information

School Year \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

Name Called \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Month / Day / Year)

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Other adults living in family home \_\_\_\_\_

Student Lives With:  Mother / Father  Mother/Stepfather  
 Father / Stepmother  Mother  Father  Other

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency or illness, someone local other than parents that would be willing to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

What previous preschool experience does your child have? (Mother's Day Out, Church school, Nursery School) \_\_\_\_\_

\_\_\_\_\_

Child's playmates: Older\_\_\_\_\_ Younger\_\_\_\_\_ Same Age\_\_\_\_\_

Does your child have any physical disabilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any serious accidents the child has had \_\_\_\_\_

\_\_\_\_\_

Any operations \_\_\_\_\_

Has there been any illness or changes in the usual routine or environment recently that may have affected your Child?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any specific fears or reactions?

\_\_\_\_\_

\_\_\_\_\_

In the space below, please tell us any special things about your child (what makes him/her sad, mad, happy, etc.) which you think would help us to get to know him/her better and assist us in planning sessions to include his/her favorite or most needed activities.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_