



# Good Shepherd Christian Academy

*" Christ-Centered Excellence in Education "*

## PRESCHOOL STUDENT REGISTRATION FORM

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>SS#</b>
<b>Grade Entering:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Home Email:</b>		
<b>Father's Home #</b>	<b>Father's Work #</b>	<b>Father's Cell #</b>	<b>Father's Email:</b>
<b>Mother's Home #</b>	<b>Mother's Work #</b>	<b>Mother's Cell #</b>	<b>Mother's Email:</b>
<b>Emergency Contact 1:</b>	<b>Emergency Phone 1:</b>	<b>Emergency Phone 2:</b>	
<b>Doctor's Office:</b>	<b>Doctor's Phone #</b>		
<b>Dentist's Name:</b>	<b>Dentist's Phone #</b>		
<b>Sibling #1/Grade:</b>	<b>Sibling #2/Grade:</b>	<b>Sibling #3/Grade:</b>	
<b>Previous School (if any):</b>	<b>Previous School Address:</b>	<b>Previous School #</b>	
<b>Previous Grade:</b>	<b>Reason for Leaving:</b>		
<b>Does your child attend Church Regularly?</b>			
<b>Church Name:</b>		<b>Church Address:</b>	
<b>Special Health/Allergy Concerns:</b>			
<b>Behavioral Concerns:</b>			
<b>Academic Concerns:</b>			
<b>How did you hear about GSCA?</b>			
<b>Days and Hours of Attendance:</b>			

<b>For Office Use Only:</b>
Date Received:
Date Entered:
Entered by: