Good Shepherd Lutheran
Church, School & Early Childhood Center

GOOD SHEPHERD EARLY CHILDHOOD CENTER
Waiting List Application

To be accepted for the waiting list at Good Shepherd Early Childhood Center, this form and a **$30 nonrefundable application fee** (**$50 for more than one child**) are required. When a spot becomes available, you will have 24 hours to decide if you:

- Want the spot,
- Want to pass and keep your name on the list
- Want to delete your name from the list

If you decide that you want the spot, you must turn in completed enrollment papers and provide a start date two weeks in advance. The first week's tuition is due on your child's first day at Good Shepherd Early Childhood Center. If you are offered a spot and choose to decline, your name will go to the bottom of the waiting list or you may choose to delete your name from the list altogether. If you have removed your name from the list, and in the future you wish to apply again, you will be subject to another application fee.

Child's name: _____ **Gender: M / F**
Date of Birth (or due date)_____
Preferred Start Date _____ **(please state complete date)**
Month Day Year

Parent/Guardian's Names: _____
Address : _____
City State Zip
Phone Number: (best to reach you) _____
E-mail Address: _____

Preferred Schedule:

Full Time (4 or 5 days/week) _____ **3 Days/week** _____ **2 Days/week** _____

All Day (6:30a – 6:30p) _____ **School Day (8a – 3:30p)** _____
Half Day (6:30 – 12 or 1 – 6:30) _____

How did you hear about our center? Check all that apply:
Referral _____ **Website** _____ **Newspaper** _____ **Driving By** _____ **Online Search** _____

I have read and understand Good Shepherd Early Childhood Center's waiting list application policy. It is my responsibility to notify Good Shepherd Early Childhood Center if I would like to make changes to my preferred start date or enrollment options. I will notify Good Shepherd Early Childhood Center of any changes to my phone number and/or address, or if I wish to be taken off the waiting list.

Parent/Guardian's Signature _____ **Date:** _____

Office use only

Application Received (Date)	Application Fee Received	Priority Number	Room