***Good Shepherd Day School Wait List Form***

**\*$50.00 Non-Refundable Fee.**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like enrollment to begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom:** (Final assignment will depend on your child’s readiness and program availability)

\_\_\_\_ Toddlers/Twos Program: 2 by 12/31 of this year

\_\_\_\_ PreK-3: 3 by 9/1 of this year and fully potty trained

\_\_\_\_ PreK-4: 4 by 9/1 of this year and fully potty trained

\_\_\_\_ PreK-4 with VPK: 4 by 9/1 of this year and fully potty trained

\_\_\_\_ VPK hours only: 4 by 9/1 of this year and fully potty trained (\*no fee charged)

\_\_\_\_ Summer VPK: 5 by 9/1 of this year and fully potty trained (\*no fee charged)

**Days per week**: Indicate your choice of schedule. (Final schedule will depend on availability)

**2 Day**: T/Th **3 Day**: M/W/F **4 Day**: M/T/W/Th or T/W/TH/F **5 Day**: M/T/W/Th/F

**Length of Day:** Check ***all*** that apply.

\_\_\_\_ Half Day (7:30-12:30)

\_\_\_\_ Full Day (7:30-3:30)

\_\_\_\_ Fall VPK hours only (12:30-3:30)

\_\_\_\_ Extended Day (3:30-5:00)

\_\_\_\_ Summer VPK (8:00-3:30)

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*For Office Use:* Date of Tour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form/Fee Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **FOR OFFICE USE ONLY** | | **CUSTOMER #** | | | | **DATE** | |
| Last Name | | | | First Name | | | |
| Address | | | | | | | |
| City | | | | State | | | Zip |
| Email | | | | | | | |
| **Date of first payment:**  / / (mm//dd/yy) | | | **Frequency of payment:** (please check only one)   * Weekly on Mondays * Bi-weekly on Mondays * Monthly on the 1st | | | | **Amount of maximum payment:**  **$** |
| **C H O O S E**  **O N E**  **F O R M**  **O F**  **P Y M T** | **CHECKING / SAVINGS** | Please debit payments from my (check one):   * Savings Account (contact your financial institution for Routing #) * Checking Account (attach a voided check below) | | | Routing Number:  ***Valid Routing # must start with 0, 1, 2, or 3***  Account Number: | | | |
| I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: Date: | | | | | | |
| **CREDIT CARD** | Please charge my payments to my (check one):  Visa  MasterCard  American Express  Discover Card | | | | | | |
| Credit Card Number: | | | | Expiration Date: | | |
| Name on Card: | | | | | | |
| Billing Address (if different from above): | | | | | | |
| I authorize the above company to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): Date: | | | | | | |

***If using a checking account, please attach a voided check over the credit card section above.***

**Please complete the following sections only:**

* Name, address, city, state, zip and email. Please add your phone next to email.
* If you opt to use ACH payment, please complete the entire checking / savings box
* If you opt to use Credit Card payment, please complete the entire credit card box