# Good Shepherd Preschool 1400 Killian Hill Road Lilburn, GA 30047 770-925-2411

# 2024 Camp Shepherd Registration

### Pre-K

Camp Shepherd is an 8-week Summer Camp for students ages 12 mos-5 years old. Our hours of operation are 7:00 am-6:00 pm. We offer 4-week block scheduling with the schedules listed below. We are closed May 27<sup>th</sup> and July 4<sup>th</sup> in observance of the Memorial and Independence Day holidays. Tuition is due the first day of each block, May 27<sup>st</sup> & June 24th

Scheduling Options (Circle One)

Block 1 (May 27<sup>st</sup>-June 21<sup>th</sup>) Block 2 (June 24<sup>th</sup>-July 19<sup>th</sup>) Both Blocks

There is a Non-refundable registration fee of \$75 due upon registration. This fee is waived for students who are currently enrolled at Good Shepherd Preschool.

Please circle your schedule choice.

5 Day (Monday-Friday)	Monthly Tuition	
9:30-1:30	\$335	
9:30-3:30	\$605	
9:30-6:00	\$840	
7:00-1:30	\$605	
7:00-3:30	\$840	
7:00-6:00	\$890	

# Student Information

Child's Full Name	Prefers to be called
Age on 9/1/24	Date of Birth
Gender	Home Phone #
Home Address	City & Zip
Pediatrician/Clinic Name	Pediatrician/Clinic Phone #

# Parent Information

Parent 1 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address

Employer  Living Arrangements (Circle One)  Both Parents One Parent Other	Work Phone #		Work Address  er of another church/religious	
Both Parents One Parent		•	er of another church/religious	
Both Parents One Parent		•	er of another church/religious	
One Parent		Are you a member of another church/religious organization? If so please list below.		
Other				
Sibling Information  Name & Age	Name & Age		Name & Age	
Medical Information  Drug Allergies Y N		If yes, please list		
Food/Other Allergies Y N	ood/Other Allergies		If yes, please list	
Does your child have an allergy re Y N	Ooes your child have an allergy response plan?		Epipen Y N	
Does your child have any condition			t be needed? If yes, please specify.  f yes, please specify.	
Authorized Pick-Up (Child may	y be released to the pe	rson(s) signing this ag	greement or to the following)	
Name	Relationship		Address & Phone #	
Name	Relationship		Address & Phone #	

## Emergency Contacts (Persons to contact in case of emergency when parents cannot be reached)

Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #

# Parental Agreements

## **EMERGENCY MEDICAL AUTHORIZATION**

Should my child suffer an injury or illness while in the care of Good Shepherd and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring medical attention involving my child.

#### **Permission to Photograph**

I grant Good Shepherd Preschool & School Age Programs the right to take photographs of my child and/or my family in connection with preschool activities. I authorize Good Shepherd Preschool, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Good Shepherd may use such photographs with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. **Yes** 

#### Sunscreen and Bug Spray Permission

I give Good Shepherd Preschool and School Age Programs permission to apply bug spray and sunscreen on my child when playing outside.

## **Summer 2024 Tuition Agreement**

I understand that my signature indicates that I have received, read, and agree to adhere to the policies and procedures of Good Shepherd Preschool and School Age Programs. I understand that tuition is due at the beginning of each 4-week block and will be considered late the second week of the block. I understand that no deductions will be made from tuition for absences of any kind, nor will tuition be prorated for holidays.

#### **Your Return Instructions:**

Completed forms may be returned to school in your child's communication folder or emailed to <a href="mailto:AsstPreschoolDirector@goodshepherdpc.org">AsstPreschoolDirector@goodshepherdpc.org</a>. Registration fees for new students may be paid by cash or check in the church office between 9AM-4PM Monday-Thursday.

#### Please complete the following for our records:

Returning Family?	Yes	No
Siblings in GSP?	Yes	No
Date Registration Submitted		