

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

## **Camp Shepherd Registration**

### **Toddler Class**

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 24<sup>th</sup>

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.

<b>5 Day (Monday-Friday)</b>	<b>Monthly Tuition</b>
9:30-1:30	\$395
9:30-3:30	\$670
9:30-6:00	\$910
7:00-1:30	\$670
7:00-3:30	\$910
7:00-6:00	\$955

### **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

Parent 2 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address

Living Arrangements (Circle One)  Both Parents One Parent Other _____	Are you a member of another church/religious organization? If so please list below.
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### Sibling Information

Name & Age	Name & Age	Name & Age
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### Medical Information

Drug Allergies Y    N	If yes, please list
Food/Other Allergies Y    N	If yes, please list
Does your child have an allergy response plan? Y    N	EpiPen Y    N
Does your child have any condition to note, should emergency treatment be needed? If yes, please specify.	
Does your child require any special accommodations in the classroom? If yes, please specify.	

### Authorized Pick-Up (Child may be released to the person(s) signing this agreement 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** **No**

### 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.

By signing below you acknowledge the above information

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

\_\_\_\_\_  
Date

### Your Return Instructions:

Completed forms may be returned to school in your child's communication folder or emailed to [AsstPreschoolDirector@goodshepherdpc.org](mailto:AsstPreschoolDirector@goodshepherdpc.org). 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		