



Good Shepherd's Extended Care Registration

Child(ren)'s Information:

Name of Child(ren)

Date of Birth

Grade

Date _____

Parent's Information:

Father's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Employer: _____ Phone: _____

Mother's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Employer: _____ Phone: _____

Email: _____

There is a \$50 registration fee for new to childcare, families.

Extended Care Schedule: *Please list each day what hours, (start to end), you desire to utilize extended care. (Please indicate if you will need care when school is closed.)*

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

