

Sibling of Current Student and/or Parishioner       New to GSS

# GOOD SHEPHERD SCHOOL

1401 Carrollton Avenue \* Towson, Maryland 21204 \* 410-825-7139 \* GOODSHEPHERDRUXTON.ORG

**CHILD'S NAME:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Gender M/F: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applications are recorded in the order they are received. Decision letters are mailed by February 1st after current families are placed. To accept placement, a registration contract and NON-REFUNDABLE deposit are required to reserve a spot for your child.**

**APPLICATION FOR: (More than one may be checked off if interested.)**

\*Priority is given to but not limited to children with specified DOB.

<input type="checkbox"/> <b>Little Lambs</b> (12-18 months by Sept. 1)*	<input type="checkbox"/> <b>2-Day 2s</b> (2 by Sept. 1)	<input type="checkbox"/> <b>Pre-K</b> (4 by Sept. 1)
<input type="checkbox"/> <b>Busy Bears</b> (18-23 months by Sept. 1)*	<input type="checkbox"/> <b>3-Day 2s</b> (2 by Sept. 1)	<input type="checkbox"/> <b>Extended Pre-K</b> (4 by Sept. 1)
<input type="checkbox"/> <b>BB/J2s</b> (2 between Sept. 1 & Dec. 31)	<input type="checkbox"/> <b>3-Day 3s</b> (3 by Sept. 1)	<input type="checkbox"/> <b>Kindergarten</b> (5 by Sept. 1)
	<input type="checkbox"/> <b>5-Day 3s</b> (3 by Sept. 1)	

**PARENTS'/GUARDIANS' NAMES:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
 (City)                      (State)                      (Zip code)                      Phone c/h \_\_\_\_\_ w \_\_\_\_\_

**EMAIL ADDRESS (Please enter only one.):** \_\_\_\_\_

\*If information is different from Parents'/Guardians' Names above, please complete the following:

\*PARENTS'/GUARDIANS' NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 (City)                      (State)                      (Zip code)                      Phone c/h \_\_\_\_\_ w \_\_\_\_\_

EMAIL ADDRESS (Please enter only one.): \_\_\_\_\_

**CURRENT MEMBER OF THE CHURCH OF THE GOOD SHEPHERD:** YES  / Year Joined: \_\_\_\_\_ NO

**Prior preschool or program attended:** \_\_\_\_\_

**ARE YOU A PAST PARENT?** YES       NO       How did you hear about us? \_\_\_\_\_

Has the applicant consulted with a physician or other professional regarding physical, emotional or academic development? \_\_\_\_\_

If yes, please provide additional information: \_\_\_\_\_

Applications are accepted from children of any faith, race, color, or national origin. Priority is given to children whose families are affiliated with the school or have been participating members of The Church of the Good Shepherd for one year. The date the application is received is also considered.

I hereby apply to the Good Shepherd School for the **2021-2022** school year. I have enclosed an application fee of **\$30** that is **non-refundable** and not applicable to tuition. (For **Sibling Applications**, the \$30 application fee will be processed through the current FACTS account.) Decision letters are mailed by **February 1<sup>st</sup>**. In the event there is room for my child in the appropriate class and I choose to accept this spot, I will complete a registration contract and submit it with a deposit. The **non-refundable deposit**, applicable to tuition, is **\$300** for all classes.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**For Office Use Only:**

Date: \_\_\_\_\_

Check/Cash received: \$ \_\_\_\_\_ Ck. # \_\_\_\_\_

FACTS: \_\_\_\_\_