

PRESCHOOL REGISTRATION

Student Name: _____

faithful + beginnings



GOOD SHEPHERD
S C H O O L

REGISTRATION FOR ADMISSION

145 Jersey Avenue South, Golden Valley, MN 55426
Phone: (763) 545-4285 • Fax: (763) 545-1896

For school use only

Registration Received: _____

Registration Fee Received: _____

Faithful Beginnings at Good Shepherd School

Mother's Full Name

Father's Full Name

Student's Legal Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Mother's E-mail

Mother's Phone Number

Father's E-mail

Father's Phone Number

Gender: Male Female

Date of Birth*: / /
month/day/year

Please select your preferred day options: 5 Days (M-F) 3 Days (M-W-F) 2 Days (T-Th)

Before school care needed? Yes No After school care needed? Yes No

Is your intent to send your child to Kindergarten at Good Shepherd? Yes No

Do you have a current student at Good Shepherd School? Yes No

Are you an alumni of Good Shepherd School? Yes No

Are you a parishioner of Good Shepherd Church? Yes No

Thank you for registering for Faithful Beginnings at Good Shepherd School.

A \$100 registration fee is due at the time of registration. Please drop off cash or check at the school office or mail to 145 Jersey Ave S, Golden Valley, MN 55426.