



# Good Shepherd Christian Preschool

2600 Grand Ave. Chino Hills, CA 91709 (909) 591-6501

[gscpreschool@gmail.com](mailto:gscpreschool@gmail.com) Web Site: [www.gscschool.com](http://www.gscschool.com)

Please check one: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student		Today's Date: ___/___/___
Child Full Name	(Last)	(First)
Child Date of Birth	___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Parent/ Guardian #1</b>		
Mr./ Mrs./Ms.	Home Phone:	
Home Address:	Cell Phone:	
City/State/Zip:	Work Phone:	
Employer/Occupation:	Email:	
<b>Parent/ Guardian #2</b>		
Mr./ Mrs./Ms.	Home Phone:	
Home Address:	Cell Phone:	
City/State/Zip:	Work Phone:	
Employer/Occupation:	Email:	
<b>Program Desired:</b>		
<input type="checkbox"/> Preschool: (2s/3s/4s)	<input type="checkbox"/> M-F <input type="checkbox"/> MWF <input type="checkbox"/> TTH	Part Time (9:00 am – 12 pm)
<input type="checkbox"/> Afterschool: (K- 5 <sup>th</sup> Gr.)	<input type="checkbox"/> M-F only	Full Time (7:30 am – 6:30pm)
Date Received: ___/___/___	Fee Received <input type="checkbox"/> Cash <input type="checkbox"/> Check	Class Assignment: _____
Received By: _____	Check No _____	Approved By: _____
Are you currently attending Good Shepherd Church? <input type="checkbox"/> Yes <input type="checkbox"/> No, we attend _____		
How did you hear about our school? <input type="checkbox"/> Internet <input type="checkbox"/> Someone in program <input type="checkbox"/> Other _____		

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preschool Director

\_\_\_\_\_  
Date