



# Good Shepherd Lutheran Church and School

DCF# C20LE0043

4770 Orange Grove Blvd  
North Fort Myers, FL 33903  
239-995-7711

[www.goodshepofnfm.com](http://www.goodshepofnfm.com)

Robert Davis, Pastor  
pastordavis@goodshepofnfm.com

## Preschool/VPK Student Enrollment Application for 2023-2024

### Student Information:

Full Name (last, first, middle) \_\_\_\_\_

DOB: \_\_\_\_\_ Class applying for: \_\_\_\_\_ School Year: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

Race: \_\_\_ Black \_\_\_ Asian \_\_\_ White \_\_\_ Native American or Alaska Native \_\_\_ Hawaiian or Pacific Islander  
\_\_\_ Hispanic or Latino \_\_\_ Other

Previous School Attended \_\_\_\_\_

Address of School: \_\_\_\_\_

Medical/Allergies: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child have any physical, emotional, or learning disabilities: (If yes) please explain: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **If Guardian, please supply court order paperwork.**

How did you hear about our school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Emergency Contacts:

The student will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information:

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

- Section 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the of the Child Care Facility Brochure "Know Your Child Care Facility" (CF/PI 175-24).
- Section 7.3 C.3 of the of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary expulsion policies used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of the facility to have access to my child's records.

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

Office Use: Application Accepted \_\_\_\_ Yes \_\_\_\_ No

Mrs. Ann Marie Collard  
Principal  
amcollard@goodshepofnfm.com

Ms. Penny Holt  
Preschool Director  
pholt@goodshepofnfm.com

Mrs. Jody Callahan  
Dean of Students  
jcallahan@goodshepofnfm.com