

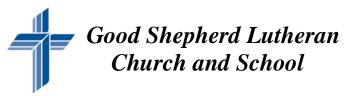
4770 Orange Grove Blvd North Fort Myers, FL 33903 239-995-7711 www.goodshepofnfm.com

Robert Davis, Pastor pastordavis@goodshepofnfm.com

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

## **Student Information:**

DOB:	Class applying for:	School Year:	Male:	Female:
Street Address:				
City:	Zip Cod	de: Pr	none #:(	)
Race: Black	xAsian White N	lative American or Alaska Nat	iveH	awaiian or Pacific Islander
Hispanic o	r Latino Other			
Previous School A	ttended			
Address of School	:			
Medical/Allergies				
Wiculcall Alleigles	•			
	·			
If yes, please desc				
If yes, please desc	cribe:	learning disabilities: (If yes) p	olease explain	
If yes, please desc Does your child ha ————————————————————————————————————	cribe:ave any physical, emotional, or	learning disabilities: (If yes) p	olease explain	:
If yes, please desc Does your child ha ————————————————————————————————————	ave any physical, emotional, or	learning disabilities: (If yes) p	olease explain	;:;:
If yes, please desc Does your child have Parent or Guardia Address:	eribe:ave any physical, emotional, or	learning disabilities: (If yes) p	olease explain	;:;:
If yes, please described by the please described by th	ave any physical, emotional, or an Name: Zip Cod	learning disabilities: (If yes) p	olease explain	;:;:
If yes, please described by the please described by th	cribe:ave any physical, emotional, or an Name: Zip Cod	learning disabilities: (If yes) p	elationship	:



DCF# C20LE0043

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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: \_\_\_\_\_\_ Phone: \_\_\_\_\_

Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Medical Information:			
Doctor:	Address:	Phone:	
Dentist:	Address:	Phone:	
Please list allergies, special medi	cal or dietary needs, or other areas of c	concern:	
<ul> <li>Section 7.3 of the Child C Facility Brochure "Know</li> <li>Section 7.3 C.3 of the of policies used by the child</li> </ul>	Your Child Care Facility" (CF/PI 175-24) the Child Care Facility Handbook, requi d care facility. Care Facility Handbook, requires that pa	arents receive a copy of the of the Child Care	rition
· ·	•	s and that the information on this enrollmen	
·	by grant permission for the staff of the	facility to have access to my child's records.  _ Date:	
Office Use: Application A	cceptedYesNo		