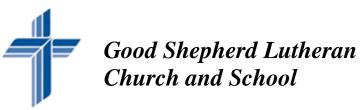


DCF#C20LE0043

Preschool Enrollment Checklist 2024-2025

	Preschool Application	
	Notarized Financial Agreement	
	FL Certification of Immunization Form 680 or 681	
	State of Florida School Entry Health Exam Form 30	040
	Child's Birth Certificate	
	Current Parent/Guardian ID	
	Court/Legal Documents if applicable	
	Medical care Form Information	
	Notarized Medical Care Form	
	School Readiness Certificate if applicable	
	Signed Publicity Information Form	
Office Use:	Application taken by:	_ Date Received:



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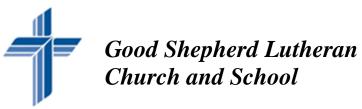
4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

Fees Preschool (PK-3) and VPK Aftercare 2024 - 2025 School Year

Preschool (PK-3) non VPK 4 year olds	VPK Aftercare
 Faith based curriculum Weekly chapel All students must be Potty Trained School hours 8:15am - 3:15pm Afterhours are from 3:15 pm to 5:30 pm Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot. \$50 new student application fee \$100 security fee \$225 per week 	- Faith based curriculum - Weekly chapel - School hours 8:15am - 11:15am - Aftercare hours are 11:15am to 5:30pm Fees: Per child and non-refundable. • \$50 new student application fee • \$100 security fee • \$150 aftercare weekly fee **During school breaks \$200.00 weekly fee**

School closes at 5:30 pm,

All children must be picked before 5:30 or there is a late charge of \$1.00 per minute payable when you pick up your child.



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239-995-7711

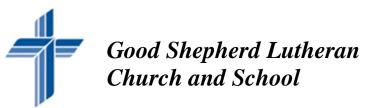
Robert Davis, Pastor

DCF#C20LE0043

Preschool Student Enrollment Application for 2024-2025

Student Information:

				
DOB:	Class applying for:	School Year:	Male:	Female:
Street Address:				
City:	Zip Co	ode: Ph	none #:()
Race: Black _	Asian White I	Native American or Alaska Nat	ive Ha	waiian or Pacific Islande
Hispanic or L	atino Other			
Previous School Atte	ended			
Address of School: _				
Medical/Allergies: _				
If yes, please descril	be:			
Does your child have	e any physical, emotional, or	learning disabilities: (If yes) p	olease explain:	
Parent or Guardian	Name:	Re	elationship	
Address:				
	Zip Co	ode: Pł	none #:()
City:				
Email:	ease supply court ord			
Email:	ease supply court ord			
If Guardian, plo	ease supply court ord	ler paperwork.		



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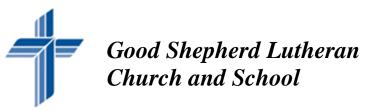
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Emergency Contacts:

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.

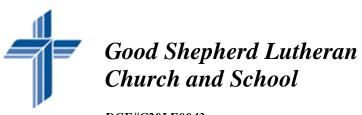
Name: ______ Phone: _____

Name:	Relationship:	Phone:	_
Name:	Relationship:	Phone:	_
Name:	Relationship:	Phone:	_
Medical Information:			
Doctor:	Address:	Phone:	
Dentist:	Address:	Phone:	
Please list allergies, special med	dical or dietary needs, or other areas o	f concern:	
immunization record (Fo	e Child Care Facility Handbook, require	llment.	
	Care Facility Handbook, requires that p hild Care Facility" (CF/PI 175-24).	arents receive a copy of the of the Chi	ld Care Facility
	the Child Care Facility Handbook, requ	ires that parents are provided food an	nd nutrition policies
 Section 2.8 of the Child C policies used by the child 	Care Facility Handbook, requires that p I care facility.	arents are notified in writing of the dis	sciplinary expulsion
_	that you have received the above iter by grant permission for the staff of the		
Signature:		Date:	
Office Use: Application A	cceptedYesNo	BY: Date	e:



DCF#C20LE0043

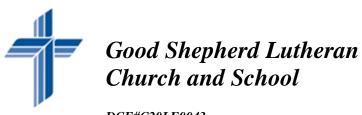
Name of Student:		_ Age of Student: _	Gender	M	F
Parent/Guardian:			_ (Please Print)		
onrefundable fees due upon acc	ceptance of enrol	lment:			
☐ \$50 new applicat	tion fee \square \$25 rec	enrollment fee	□ \$100 security	fee	
Weekly tuition fees are:					
\square \$225 weekly tuition \square Employee	Discount \$	Church Membe	er Discount \$		
I agree to pay the	following weekly fe	e after any discount	\$		
Having read the above statement, Inamed student do hereby agree to the above					
named student do hereby agree to the above action and all fees incurred with collection. By signing below, I acknowledge that I have fulfill the total financial obligation.	e charges and contract. of payment due will al	Failure to make said p so be due.	oayment can and wayment can an and wayment can	will result	t in leg
named student do hereby agree to the above action and all fees incurred with collection. By signing below, I acknowledge that I have fulfill the total financial obligation.	e charges and contract. of payment due will al	Failure to make said p so be due. the terms and conditio OF A FLORIDA NO	oayment can and wayment can an and wayment can an and wayment can an and wayment can and wayment can an and wayment can and wayment can and wayment can and wayment can and waymen	will result	t in leg
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The foregoing instrument was acknowledge State Of FLORIDA To the above action and all fees incurred with collection and all fees incurred with collection and all fees incurred with collection. By signing below, I acknowledge that I have acknowledge that I have acknowledge that I have acknowledge that I have acknowledge acknowledge. By signing below, I acknowledge that I have acknowle	e charges and contract. of payment due will alve read and understand IN THE PRESENCE Date NTY OF: ed before me this	Failure to make said pso be due. the terms and condition OF A FLORIDA NO Social Secur	oayment can and wayment can and wayment can and way on a construction of the agreement of particular to the construction of th	will result	t in leg
named student do hereby agree to the above action and all fees incurred with collection. By signing below, I acknowledge that I have fulfill the total financial obligation. MUST BE SIGNED Signature of parent/guardian Printed Name of Parent/Legal Guardian	e charges and contract. of payment due will alve read and understand IN THE PRESENCE Date NTY OF: ed before me this fication	Failure to make said pso be due. the terms and condition OF A FLORIDA NO Social Secur	oayment can and wayment can and wayment can and way on a construction of the agreement of particular to the construction of th	will result	t in leg



DCF#C20LE0043

STUDENT MEDICAL RELEASE

contact me immediately. In the event I cannot be reach	I, I understand that the staff shall undertake measures to ed Good Shepherd Lutheran School Staff shall be and services for my child as may be deemed necessary. curred due to sickness or injury to my son/daughter. I ims, and demands which claimant now has or may ent, casualty and/or event which might occur while on and School. I am the parent/legal guardian of the
MUST BE SIGNED IN THE PRESEN	CE OF A FLORIDA NOTARY PUBLIC
Signature of Parent of Guardian Print name	Date
STATE OF FLORIDA COUNTY OF:	
The foregoing instrument was acknowledged before me this	day of, 20
Personally know or produced identification	
Type of Identification	_
Notary Name: Commis	ssion Expires



DCF#C20LE0043

Publicity Information Release School Year 2024-2025

Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran Church and School website and/or Facebook page.

Student's Name:	_ (please print)
Parent/Guardian Signature:	Date:
·	may include video footage, photographs, or written lity will post these events for parent's knowledge
Parent/Guardian Signature:	Date: