



# Good Shepherd Lutheran School & Child Development Center

## Registration & Tuition

School Year 20\_\_\_\_\_

New Student

Returning Student

**Student Name** \_\_\_\_\_  
First Middle Last

Grade entering \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Student Name** \_\_\_\_\_  
First Middle Last

Grade entering \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Student Name** \_\_\_\_\_  
First Middle Last

Grade entering \_\_\_\_\_ Date of Birth \_\_\_\_\_

If parents are divorced, copies of legal proof of custody restrictions, if any MUST be attached.

Mother/Legal Guardian/Other (circle one)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Phone \_\_\_\_\_

Day Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Father/Legal Guardian/Other (circle one)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Phone \_\_\_\_\_

Day Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of Person responsible for tuition payments \_\_\_\_\_ Phone \_\_\_\_\_

Sunday School is one Sunday per Month. Sunday School is part of the Curriculum & attendance is required. I agree to all the above: \_\_\_\_\_

**Registration & Tuition Schedule and Payment Options (office use only)**

Registration Amount Paid \$ \_\_\_\_\_

Tuition Amount Paid \$ \_\_\_\_\_

Total Yearly Tuition (-5% discount) \$ \_\_\_\_\_ or 10 monthly payments of \$ \_\_\_\_\_ Aug – June.

Daycare Options: (circle one)

Hourly \$ \_\_\_\_\_ or Package \$ \_\_\_\_\_

Notes: \_\_\_\_\_