

Good Shepherd Children's Center  
3139 County Road 516  
Old Bridge, New Jersey  
P: 732-679-8887 F: 732-6798996

Open 6 am to 6 pm

Student Registration/Enrollment Form

Today's Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age by Oct 1 \_\_\_\_\_

Child's current grade \_\_\_\_\_

Child's current school \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Children are accepted on a trial basis. The school reserves the right to request the withdrawal of a student at any time for reasons consistent with the best interest of the child, the school and other students. When a parent withdraws a child from enrollment a 30-day advance notice in writing should be given to the Director. See the Parent Handbook for details concerning tuition and withdrawal.

Rates effective August 10, 2020 Please indicate program choice:

< 4 hours (indicate times needed) \_\_\_\_\_ \$20/day

4-8 hours (indicate times needed) \_\_\_\_\_ \$40/day

> 8 hours (indicate times needed) \_\_\_\_\_ \$60/day

Please circle days: Monday Tuesday Wednesday Thursday Friday

Days not known at this time can be reserved on-line at OBGSCC.COM

Student must provide own laptop. We will provide aid for the lessons but not teach the lessons. We will ensure the student does their required work. We will provide activities to engage and challenge the student when work is done. Student must provide their own breakfast and lunch. We will provide juice and water and snacks.

Did other children attend our school? Y \_\_\_ N \_\_\_

Names of children \_\_\_\_\_

Would you like Info about The Lutheran Church of the Good Shepherd: Y \_\_\_ N \_\_\_

Your signature, below, constitutes your acceptance of the terms and procedures found in the parent handbook. Thank you, Marianne, M. Krawiec, Director.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check# \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_

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\*\*\*\*\* \$50 (non- refundable) registration fee per child due at time of registration \*\*\*\*\*

