

**Enrollment Form 2018-2019
Good Samaritan Day School**

Date _____

Child's Name: _____
Last First Middle

Preferred Name: _____

Date of Birth: _____ Male: _____ Female: _____

Family Email Address: _____

Home Address: _____ Primary Telephone: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____
Last First Middle

Cell Phone: _____

Mother's Name: _____
Last First Middle

Cell Phone: _____

Has your child been recommended for or received support services for developmental delays or special needs? _____

Check desired program:

_____ Two Day a.m. 2's	\$1920
_____ Three Day a.m. 2's	\$2748
_____ Two Day a.m. 3's	\$1920
_____ Three Day a.m. 3's	\$2748
_____ Four Day a.m. 3's	\$3498
_____ Five Day a.m. 3's	\$4194
_____ Four Day p.m. Pre-K	\$2916 (new this year, 12:30-3:00)
_____ Four Day a.m. Pre-K	\$3498
_____ Five Day a.m. Pre-K	\$4194
_____ Five Day a.m. Transitional K	\$4194 must be five by August 31, 2018
_____ Five Day Kindergarten	\$5346 must be five by August 31, 2018
_____ Two Day a.m. 2's (January 2019)	\$960

Additional children attending school:

Name:
Birth date:

*****For Office Use*****

\$85 Registration Fee Received _____ Check # _____ Date _____

The registration fee is non-refundable. It covers the cost of mailings, insurance, book bags, special programs and snacks.