



PRE-SCHOOL REGISTRATION CHECKLIST

- _____ LIC700 Identification and Emergency Information
- _____ LIC702 Child's Preadmission Health History
- _____ LIC701 Physician's Report
- _____ LIC995 Notification of Parents' Rights
- _____ LIC613A Personal rights
- _____ LIC627 Consent for Emergency Medical Treatment
- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Immunization records
- _____ Current Photo of child
- _____ Registration fee: \$200.00 per student (non-refundable) **
- _____ Email address _____

Please make your check payable to “**Good Shepherd Catholic School**” or “**GSCS**”.

*****All required documents must be received before enrollment is completed and attendance is allowed.**

****PLEASE NOTE: This fee is non-refundable.**

Student Name _____ *Family #* _____