

Enrollment Request Form - 2020/2021 Good Shepherd Education Center 305 East Smallwood Drive Waldorf, MD 20602 301-645-7550

Child's	s Name:		
	(Last)		(First)
Home	Address:		
	(Street)	(City)	(State, Zip)
Home	Phone:		
Please	e select the program you are interes	sted in having your child attend	d.
	e-School (7:30 AM-11:30 AM Mond Children must be 3 years old by Sep		
Pre-School Child Care (7:30AM - 4:30PM Monday through Friday) Children must be 3 years old by September 1, 2020.			
	<u>Pre-Kindergarten</u> (7:30AM - 11:30PM Monday through Friday) Children must be 4 years old by September 1, 2020.		
	r<u>e-Kindergarten Child Care</u> (7:30 A Children must be 4 years old by Sep		Friday)
	ust for Twos (7:30 AM-4:30 PM, M hildren must have had their second		
21			· · · · · · · · · · · · · · · · · · ·

Please return request form and enrollment application with the non-refundable registration fee of \$150.00. Acceptance of all necessary forms and paid fees before the necessary dates assures a place of enrollment at Good Shepherd Education Center for the school year 2020/2021.

PARENT'S SIGNATURE: _

DATE _____