

GOOD SHEPHERD CHILDREN'S CENTER

*3139 County Road – Rt. 516
Old Bridge, New Jersey
732-679-8887*

STUDENT REGISTRATION FORM

Today's Date _____

Child's Name: _____

Parent's Name: _____

Mailing Address: _____

Town: _____

Telephone: _____

Child's Birthday: _____

Child's Age: _____ years _____ months

Program Desired _____ Group _____ Session

Recommended by: _____

Appointment to Visit Center: _____ Date _____ Time

Materials Sent: _____

Follow up Call: _____

Previous Schools Attended (if any) _____

Comments: _____

Staff Member Recording Information: _____

Date Admitted to Program: _____

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

Deposit: \$ _____ Date: _____ Check # _____

\$50.00 (non-refundable) registration fee due at time of registration.