

The Good Shepherd School

Dorchester Presbyterian Church



10290 Dorchester Road
 Summerville, SC 29485
 Tel (843) 875-8722 * Fax (843) 871-1064
email this completed form to
gss@dorchesterpres.org



Application for Enrollment

An enrollment application form must be completed for each student.

Legal name of student: _____

Nickname _____ Date of Birth _____ Male _____ Female _____

Parent / Guardian #1 Name: _____

Cell #: _____ Work # _____

Email: _____

*work emails may have strict filtering systems. Personal works best.

Parent / Guardian #2 Name: _____

Cell #: _____ Work # _____

Email: _____

*work emails may have strict filtering systems. Personal works best.

Residence: _____
Street city state zip

Residence #2: (if separate households)

Street

city

state

zip

Please note:

- September 1st is the cut-off date for each age group. We rotate classes each school year, August to the next August.
- Children in the 3-year-old and 4-year-old classes **MUST** be independently potty trained.
- Please let the office staff know if there are special needs.

If you are notified of an available spot for your child, you have one business day to accept and two business days to remit the registration fee. We will not be responsible for invalid contact information. Your name will remain on the waiting list for ONE YEAR from date of contact unless otherwise noted.

Parent signature: _____ Date: _____

Office use:

Today's date	Class	Date care needed	Actual start date
Registration fee paid:	Date	Amt.	Rec #
Comments:			