

Good Samaritan Preschool
An Outreach Ministry of:
Good Samaritan United Methodist Church
19624 Homestead Road
Office: (408)996-8290 FAX:(408)996-2621
E-Mail: gspreschool@gmail.com
Website: goodsampreschool.org

OFFICE USE ONLY
Fee pd: _____
Schedule: _____
Start date: _____

Loretta Wong - Director
Stacey O'Toole - Educ. & Admin. Asst.

Pastor Blake Busick
Pastor Gail Chiew

PERSONAL INFORMATION

Child's Name: _____ Date Of Birth: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Preferred Email: _____

Mother's Name: _____ Mobile ph: _____

Employer: _____ Work Ph: _____

Father's Name: _____ Mobile ph: _____

Employer: _____ Work Ph: _____

Recommended By: _____

*Are you a member at Good Samaritan United Methodist Church? Yes No

*Is your child presently enrolled in another preschool program? Yes No

**If yes, which center? _____

I wish to enroll my child in the: Infant Program Preschool Summer School Program (Grades 1-6)

Please check one box from each row below:

As Soon As Possible_____

Fall of:_____

Summer of:_____

5 Days (Mon.-Fri.)

3 Days (Mon/Wed/Fri.)

2 Days(Tues/Thurs)

$\frac{1}{2}$ Day (8:00-12:00)

$\frac{3}{4}$ Day (9:00-3:00)

Full Day (7:00-6:00)

Infant Program Only, choose your days: Monday Tuesday Wednesday Thursday Friday

I understand that enrollment is on a first come first served basis. I understand that leaving a non-refundable \$125.00 registration fee and submitting this application does not guarantee my child's enrollment in the school. I further understand that this registration fee is only good for a period of one-year.

Signature of Parent: _____

Date: _____