



For Office Use Only

Class: _____

Child Care: _____ Paid _____

Enrollment Application - 2026/2027

Good Shepherd Education Center
305 East Smallwood Drive Waldorf, Maryland 20602
301-645-7550

CHILD'S NAME _____
Last First Middle

CHILD IS CALLED _____ SEX: ☐ Male ☐ Female

BIRTHDATE: _____ Home Phone: _____
Month - Day - Year

MAILING ADDRESS: _____
Street City State Zip Code

RESIDENCE: _____
Street City State Zip Code

NAME OF DEVELOPMENT/NEIGHBORHOOD: _____

FATHER'S NAME: _____ CELL #: (____) _____

OCCUPATION: _____ WORK HOURS/DAYS: _____

EMPLOYER: _____ WORK # (____) _____

E-MAIL _____

MOTHER'S NAME _____ CELL #: (____) _____

OCCUPATION: _____ WORK HOURS/DAYS: _____

EMPLOYER: _____ WORK # (____) _____

E-MAIL _____

ARE PARENTS: ☐ MARRIED ☐ SEPARATED ☐ SINGLE PARENT ☐ LEGALLY DIVORCED

CHILD'S BROTHERS (names & ages) _____

CHILD'S SISTERS (names & ages) _____

OTHER PEOPLE IN HOUSEHOLD (names & relationships) _____

RELIGIOUS AFFILIATION: _____ NAME OF CHURCH: _____

CHILD'S PREVIOUS LEARNING EXPERIENCES: ☐ Church School ☐ Parents Day Out ☐ Child Care
Good Shepherd: ☐ PS3 ☐ PS5 ☐ PRE-K ☐ Other (name): _____

CHILD'S MEDICAL PROBLEMS (Specify): _____

CHILD'S KNOWN ALLERGIES (Specify): _____

CHILD'S HAND PREFERENCE: ☐ Left ☐ Right ☐ Unknown TOILET TRAINED: ☐ Yes ☐ No

New Enrollees Only:

Did a currently enrolled family refer you to GSEC? ☐ Yes ☐ No

If yes, please list their name as they will receive a tuition credit. _____

Why did you choose Good Shepherd Education Center for your child's early childhood education?

