



**Good Shepherd Little Rams Catholic Preschool**  
 2301 N. Stockwell Rd., Evansville, IN 47715  
 812-476-4477 FAX 812-476-4495



**PRE SCHOOL/PRE-K APPLICATION FORM '22-'23**

CHILD'S NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: \_\_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_

CHURCH BAPTIZED: \_\_\_\_\_ CITY/STATE BAPTISM: \_\_\_\_\_

RELIGION: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ PLEASE LIST PARISH WHERE YOU ARE REGISTERED: \_\_\_\_\_

ETHNICITY: American Indian/Native Alaskan \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
 Native Hawaiian or other Pacific Islander \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Multiracial \_\_\_\_\_ (list specific \_\_\_\_\_)

PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDENT LIVES WITH: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Mother-Stepfather \_\_\_\_\_  
 Father-Stepmother \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

NAMES/GRADE LEVELS of other family members who will attend Good Shepherd Catholic School: \_\_\_\_\_

**PLEASE CHECK THE PROGRAMS YOU ARE REQUESTING**

- |                                   |                 |
|-----------------------------------|-----------------|
| _____ 3 day Preschool 8am-11am    | \$160 per month |
| _____ 3 day Preschool 8am-2:30pm* | \$305 per month |
| _____ 5 day Preschool 8am-11am    | \$215 per month |
| _____ 5 day Preschool 8am-2:30pm* | \$430 per month |
| _____ 5 day Pre-K 8am-11am        | \$215 per month |
| _____ 5 day Pre-K 8am-2:30pm*     | \$430 per month |
| _____ Aftercare 2:30-6:00         | \$8 per day     |

\*Full Day Programs include drop offs starting at 6:55 am

**Return this application with a check for \$50. This is a non-refundable fee.**