For Office Use:

Registration Fee of $50.00 paid: Cash: _____ Check #: _____

Received by: _____ Date: _____ Copied to: _____ Date: _____

Good Shepherd Catholic School/Preschool Academy

75 Shepherd Way, Frankfort, KY 40601

Aftercare Registration 2026-2027

Child's Name: _____ Birthdate: _____

Grade: _____ Teacher: _____

Address: _____ City/State/Zip: _____

Person/s with whom the child lives: _____

	Mother:	Father:
Name:		
Home Address:		
Email:		
Work phone #:		
Cell phone #:		

Insurance Information:

Insurance Carrier _____

Policy # _____ Group # _____

Preferred Hospital: _____ Phone: _____

Address:

_____City/State/Zip_____

Parent Signature: _____Date: _____

Parent Signature: _____Date: _____

Child's Physician: _____ Phone: _____

Individuals to contact in the case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child receive any special services? No Yes _____

Is there any medical history GSCS should be aware of? (surgeries, illnesses, etc.)

No Yes _____

My child has permission to be released to the following individuals in addition to the emergency contact persons listed above.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

My child's schedule for attendance is as follows:

(Please check all that apply.) M___ T___W ____Th ____Fri ___

Permissions and Acknowledgements:

I authorize Good Shepherd Catholic School/Preschool Academy and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature: _____ Date: _____

Good Shepherd Catholic School/Preschool Academy □ HAS □ ***DOES NOT HAVE*** my permission to publish on the school website and social media channels or release to the media my child/ren's name or photos/ videos/ recordings of my child/ren for school-related purposes.

My child/ren's name and photos may be published in the school yearbook. □ YES □ NO

Parent Signature: _____ Date: _____

I _____authorize for my FACTS account to be charged in accordance with my child's attendance. I understand that Aftercare fee payments will be collected for the 2026-2027 school year via automatic withdrawal between the 15th and 30th day of each month (excluding June) through FACTS Tuition Management.

Parent Signature: _____ Date: _____