

GAHANNA CHRISTIAN ACADEMY PRESCHOOL

REVISED REGISTRATION FORM

817 NORTH HAMILTON
GAHANNA, OH 43230
(614) 471-9270

2010-2011

Mrs. Marsha Hindman
Director

NAME OF PRESCHOOL AGE CHILD(REN) ENROLLING:

Last Name	First Name	Middle Name	Race	Birthdate	Age	M/F
1. _____	_____	_____	_____	____/____/____	____	____
2. _____	_____	_____	_____	____/____/____	____	____

PROGRAM IN WHICH YOU DESIRE TO ENROLL YOUR CHILD:

HALF-DAY PRESCHOOL 3 / 4 - 9:00 am - 11:30 am only () Tues. Thurs. () Mon. Wed. Fri. () M-F
FULL-DAY PRESCHOOL 3 / 4 - 9:00 am - 3:00 pm () Tues. Thurs. () Mon. Wed. Fri. () M-F
HALF-DAY PRESCHOOL 5 - 9:00 am - 11:30 am only () Tues. Thurs. () Mon. Wed. Fri. () M-F
FULL-DAY PRESCHOOL 5 - 9:00 am - 3:00 pm () Tues. Thurs. () Mon. Wed. Fri. () M-F
AFTERNOON PRESCHOOL 3, 4, & 5's - 12:30 pm - 3:00 pm - ***NO morning Ext. Care*** () Mon. Wed. Fri.

EXTENDED CARE: (available 6:30 am to 9:00 am and 3:00 pm to 6:00 pm ONLY)

() Yes () No Drop-off Time _____ Pick-Up Time _____

PARENTAL INFORMATION:

Child resides with: () Father & Mother () Father () Mother () Other

If Other, please explain _____

Parents' Marital Status (if other than married): () Separated () Divorced () Single

Parent/Guardian Home Address _____
Street _____ City _____ Zip _____

Home Phone _____ E-mail Address _____

Father's Name _____ Cell Phone _____

Father's Employer _____ Business Phone _____

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Business Phone _____

Name of Home Church _____

Have any other family members attended Gahanna Christian Academy/Preschool? () Yes () No

Is it a priority for you that your child attend a Christian School when he/she reaches school age? () Yes () No

What public school and district would your child be eligible to attend? _____

Is your child currently taking any medication? () Yes () No

If yes, what medication? _____

List any allergies _____

Does your child have an I.E.P. (Individual Education Plan)? () Yes () No

Does your child speak and understand English? () Yes () No

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Child Release Form – 2010-2011

Child's Name: _____ Grade: _____

Parent's Name(s) (please print):

Your child's safety and well being are of the utmost concern to every staff member.

A teacher will release each child only to the parent, guardian or car pool driver specified below.

My signature below indicates that I understand Gahanna Christian Academy's policy regarding who may or may not pick up my child.

Only persons listed below have my permission to pick up the above child from Gahanna Christian Academy's Preschool or Extended Care programs.

Name (please print)	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

I understand that Gahanna Christian Academy staff will ask to see a valid Ohio Driver's license of the person picking up my child.

At no time shall my child be released to anyone other than those I have listed, unless I notify the Preschool/Extended Care Administrator **in writing**.

Parent's Signature

Date

GAHANNA CHRISTIAN ACADEMY NONDISCRIMINATION POLICY

"Gahanna Christian Academy recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extra-curricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Gahanna Christian Academy will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel."