

OFFICE USE ONLY
Date Rec'd: _____
Check # _____
Amount _____

Class: _____
Days: _____

GAHANNA CHRISTIAN ACADEMY PRESCHOOL

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

REGISTRATION FORM 2009-2010

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:

PRESCHOOL - 9:00 am - 11:30 am () Tues. Thurs. () Mon. Wed. Fri. () M-F
() Three Year Old Class () Four Year Old Class

PRESCHOOL 5 - 9:00 am - 11:30 am () Mon. Wed. Fri. () M-F

This class is for children who will turn 5 on or before December 31, 2009.

Would you need Extended Care before 9:00am or after 11:30 am? () Yes () No
If Yes, Desired Drop-off Time _____ Desired Pick-Up Time _____

3 & 4 Year Old Afternoon PRESCHOOL - 12:30 pm - 3:00 pm () Mon. Wed. Fri.

There is no morning Extended Care with the afternoon Preschool Class.

Would you need Extended Care after 3:00 pm? () Yes () No

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 _____

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

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