

CLINTONVILLE ACADEMY PRE-KINDERGARTEN APPLICATION

Children must be 4 years old, by August 1

Childs Name _____ M/F ___ Date _____
Childs Birthdate _____

Parent Status :Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

If parents are divorced who is custodial parent? _____

Child lives with : Both parents ___ Mother ___ Father ___

Other (specify) _____

Mother`s Name _____ Home phone: _____

Mother`s Address: _____
City State Zip

Father`s Name: _____ Home phone: _____

Father`s Address: _____
City State Zip

Mother`s Place of Employment: _____

Occupation _____

Mother`s Work Phone: _____

Father`s Place of Employment: _____

Occupation _____

Father`s Work Phone: _____

Previous Pre-school Attended _____

Is child on any medication? If so, what? _____

Does child have any physical disabilities, handicaps, or health problems?

Yes ___ No ___ If so, please comment:

How did you learn of Clintonville Academy?

Friends ___ Preschool ___ Newspaper ___

Mailing ___ Yellow pages ___ Other ___

Does child have siblings? How many _____ Ages : _____

What school district do you reside in? _____

What is the name of the school your child would attend ? _____

A \$ 200.00 ~~(non-refundable)~~ Registration Fee
must accompany your application

3916 Indianola Ave., Columbus OH 43214

267-4799

www.clintonvilleacademy.org