

## 1004 Columbus Ave. Lebanon, Ohio 45036 P: (513)270-5999 E:admissions@citygateacademy.com W: www.citygateacademy.com

Date: Re	equested Start Date:			
Please complete one form per chil	ld			
Child Information Child's First and Last Name: Preferred Name:				
			Rirth Date:	Gender:
City:	Zip:			
My child is registering for:	-1-1\			
Preschool program (30 months -5 years	,			
Full Day 8:30 am-3:30 pm	Half Day 8:30 am-12:00 pm			
Family Information				
Father/Legal Guardian:				
First and Last Name:				
Address (if different from child):				
Citv:	Zip:			
	Phone:			
Primary Contact: Yes No				
Mother/Legal Guardian:				
First and Last Name:				
Address (if different from child):				
City:	Zip:			
Email:				
Primary Contact: Yes No				

		elow any siblings to the child
Sibling		Ago: School:
		Age: School: Age: School:
		Age:School:
٥.	ivallic.	AgeSchool
Pleas	e list a	ny additional members living in the household with the child
1.	Name:	Relation to child:
		Relation to child:
		Relation to child:
immed involvi Yes **If yes Does y	liate famng a chiles, please	ective students parent/guardian/step-parent or any other member of the students nily ever been charged with, convicted of, or pled guilty or no contest to a crime ld/minor, or are there any criminal charges of this nature now pending?  No
IT SO, V	vnere?_	
Does y	our chil	:d have previous child care center experience?When?
Does y	our chil	d have any physical/instructional needs that we should be informed about? Y/N explain
If yes,	Where?	ever been removed or asked to leave a previous child care center?  When?  why?

<sup>\*</sup>Once received and reviewed you will be notified by Academy administrative staff regarding your next steps. This will include payment of enrollment fee and any additional forms needed.

<sup>\*\*</sup>Completion of this form does not guarantee placement in the program. Your child's spot will be secured when **ALL** enrollment forms and fees are received and paid. You will be notified when this is completed.