



CITYGATE CHRISTIAN PRESCHOOL

LOYAL TO THE FUTURE

1004 Columbus Ave. Lebanon, Ohio 45036

P: (513)270-5999 E:admissions@citygatepreschool.com W: www.citygatepreschool.com

Date: _____ Requested Start Date: _____

Please complete one form per child

Child Information

Child's First and Last Name: _____

Preferred Name: _____

Birth Date: _____ Gender: _____

Home Address: _____

City: _____ Zip: _____

My child is registering for:

Preschool program (30 months -5 years old)

Full Day 8:30 am-3:30 pm

_____ 5 Full Day _____ 3 Full Day _____ 2 Full Day

Half Day 8:30 am-12:00 pm

_____ 5 Half Day _____ 3 Half Day _____ 2 Half Day

Family Information

Father/Legal Guardian:

First and Last Name: _____

Address (if different from child): _____

City: _____ Zip: _____

Email: _____ Phone: _____

Primary Contact: Yes _____ No _____

Mother/Legal Guardian:

First and Last Name: _____

Address (if different from child): _____

City: _____ Zip: _____
Email: _____ Phone: _____
Primary Contact: Yes ____ No ____

Please list below any siblings to the child

Siblings:

1. Name: _____ Age: _____ School: _____
2. Name: _____ Age: _____ School: _____
3. Name: _____ Age: _____ School: _____

Please list any additional members living in the household with the child

1. Name: _____ Relation to child: _____
2. Name: _____ Relation to child: _____
3. Name: _____ Relation to child: _____

Has the prospective students parent/guardian/step-parent or any other member of the students immediate family ever been charged with, convicted of, or pled guilty or no contest to a crime involving a child/minor, or are there any criminal charges of this nature now pending?

Yes _____ No _____

If yes, please provide a separate letter of explanation

Does your family attend church? _____

If so, where? _____

Pastors Name: _____

Does your child have previous child care center experience? _____

If so, where? _____ When? _____

Does your child have any physical/instructional needs that we should be informed about? Y/N

If yes, please explain _____

Has your child ever been removed or asked to leave a previous child care center?

If yes, Where? _____ When? _____

Please explain why? _____

*Once received and reviewed you will be notified by the Preschool administrative staff regarding your next steps. This will include payment of enrollment fee and any additional forms needed.

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.