

# 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