

Ashland Christian School 1144 W. Main Street Ashland, Ohio 44805 (419) 289-6617

For Office Use				
Year	Fam. Info.			
Class	_ Reg. Pd			
Tuition				
Transport_				

Application for Preschool Re-registration

Please type or use black ink when completing <u>both sides</u> of this form. Please attach your registration fee to this application. The registration fee is non-refundable. If you wish to enroll a child in ACS for the first time, a separate Application for Admission must be completed.

Preschool Program(s) for which you are applying – check the number of days enrolled and circle the week day of choice.

2-Day Preschool for ages 3-5	Monday	Tuesday	Wednesday	Thursday	Friday
3-Day Preschool for ages 3-5	Monday	Tuesday	Wednesday	Thursday	Friday
4-Day Preschool for ages 3-5	Monday	Tuesday	Wednesday	Thursday	Friday
5-Day Preschool for ages 3-5	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon Creative Ed.	Monday	Tuesday	Wednesday	Thursday	Friday
Ages 3-6 (11:00 a.m. – 2:50 p.m.)	-	-	-	-	-
Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
(7:30 – 8:05 a.m. – no charge)					
After School Care (2:50 – 5:30)	Monday	Tuesday	Wednesday	Thursday	Friday
Full name of student to be enrolled _	·····		SexBi	rth Date	
Name of Father		Mothe	r		
Address of Father		City		Zip	
Home PhoneCell	Phone		E-mail		
Employer		w	ork Phone		
Address of Mother		City		_Zip	
Home Phone Ce	ell Phone		E-mail		
Employer		w	ork Phone		
Student lives with: Both parents	Mother	_ Father	Other (specify)		_,,,,,,
ACS Preschool must have a copy of l	egal action if	custody has l	been awarded by th	ne court.	
Does this apply?					
School District in which student resid	des				
Church Affiliation		Pastor_			
Transportation provided by:					
State law requires up to date physica	als and immu	unizations (wit	hin a year). These o	documents are	e:
included with this form		will be ser	nt to the school offi	ce	

Please indicate which payment plan you prefer:

- _____ Preschool Prepay (By Sept. 5)
- _____ Preschool Semester (Sept. & Feb.)
- _____ Preschool Quarter (Sept., Nov., Feb., May)
- _____ Preschool Monthly (Sept.-May)

Parent / Guardian Commitment:

Please read carefully the ACS Policies on the accompanying page and initial each statement below.

- 1. _____ I have read and agree with the <u>Statement of Faith</u> of the school and am willing to have my child(ren) educated in accordance with it.
- 2. ____ I agree to work cooperatively with the teachers, administration, and school board in matters regarding correction and discipline of my child(ren).
- 3. _____ I understand that the leadership of the school has the right to dismiss any student who does not comply with the Code of Conduct of the school.
- 4. _____ I understand that the school has full discretion for the grade and class placement of my child(ren).
- 5. _____ I have read the policy concerning <u>late tuition</u> and agree to comply with it, including payment of late fees if required.
- 6. _____ I have read the policy concerning <u>early withdrawal</u> and agree to comply with it, including payment of all charges required.
- 7. ____ I agree to pay all tuition fees and other financial obligations to ACS on or before the due date without a reminder.
- 8. _____ I understand fund raisers are necessary in operating the school and that my participation is needed in practical help and prayer support.
- 9. _____ I have read the policy concerning <u>Non-Discrimination</u> and agree to support it.
- 10. _____ I understand that all the policies of the school are available for me to read in the school office.
- I give permission for my name, address, and phone number to be listed in the Ashland Christian School and Preschool Directory. (*Yes / No*)
- I grant permission for my child(ren) to be pictured in Ashland Christian School and Preschool publications. I understand that these may be used for promotional purposes. (*Yes / No*)

<u>Please Sign</u>

Father:	Date:
Mother:	Date:
Guardian:	Date: