

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		Mother_			
Address of Father	City		Zip		
Home PhoneCell	Phone		E-mail		
Employer	Work Phone				
Address of Mother	City		Zip		
Home Phone Ce	ll Phone		E-mail		
Employer	Work Phone				
Student lives with: Both parents	Mother	_ Father(Other (specify) _		
ACS Preschool must have a copy of l	egal action if	custody has be	en 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 (withi	n a year). These o	documents are	: :
included with this form		will be sent t	o the school offic	ce	

Please indicate which payment plan yo	ou prefer:
Preschool Prepay (By Sept. 5)	\
Preschool Semester (Sept. & Feb.	
Preschool Quarter (Sept., Nov., Fe	р., мау)
Preschool Monthly (SeptMay)	
Parent / Guardian Commitment:	
Please read carefully the ACS Policies	on the accompanying page and initial each statement below.
1 I have read and agree v child(ren) educated in a	with the <u>Statement of Faith</u> of the school and am willing to have my accordance with it.
	atively with the teachers, administration, and school board in matters and discipline of my child(ren).
	eadership of the school has the right to dismiss any student who does deed of Conduct of the school.
4 I understand that the second child(ren).	chool has full discretion for the grade and class placement of my
5 I have read the policy c late fees if required.	oncerning <u>late tuition</u> and agree to comply with it, including payment of
6 I have read the policy c payment of all charges	oncerning <u>early withdrawal</u> and agree to comply with it, including required.
	n fees and other financial obligations to ACS on or before the due date
	ers are necessary in operating the school and that my participation is p and prayer support.
•	oncerning Non-Discrimination and agree to support it.
•	e policies of the school are available for me to read in the school office.
 I give permission for my name, add and Preschool Directory. (Yes / No.) 	dress, and phone number to be listed in the Ashland Christian School)
•	n) to be pictured in Ashland Christian School and and that these may be used for promotional
<u>Please Sign</u>	
Father:	Date:
Mother:	Date:
Guardian:	Date: