



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

For Office Use	
Year _____	Fam. Info _____
Class _____	Pastor Ref. _____
Interview _____	Birth _____ Cust _____
Reg. Paid _____	Tuition _____
Transport _____	

Preschool Application for Admission

Please type or use black ink when completing both sides of this form. Please attach your registration fee to this application. Upon receipt of the application and registration fee, you will be contacted for an interview. The registration fee is non-refundable.

Full name of student _____ Sex _____ Birth Date _____

Name of Father _____ Mother _____

Address of Father _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Address of Mother _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Student lives with: Both parents _____ Mother _____ Father _____ Other (specify) _____

ACS must have a copy of legal action if custody has been awarded by court. Does this apply? _____

Previous school attended _____ Phone _____

School District in which student resides _____

Church Affiliation _____ Pastor _____

Transportation provided by: _____

Preschool program 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
___ Preschool Creative Ed. Ages 3-6 (11:00 a.m. – 2:50 p.m.)	Monday	Tuesday	Wednesday	Thursday	Friday
___ After School Care (2:50 p.m. – 5:30 p.m.)	Monday	Tuesday	Wednesday	Thursday	Friday

State law requires up-to-date annual physicals and immunizations (or completed waiver). These documents are required within the first 15 days of school (Sept. 14) and are:

___ included with this form OR ___ will be sent to office.

IF NOT IN COMPLIANCE BY September 14, YOUR CHILD WILL NOT BE ABLE TO ATTEND UNTIL DOCUMENTS ARE RECEIVED BY THE OFFICE.

