

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

	For Office Use
Year Class Interview Reg. Paid Transport	Birth Cust Tuition

Preschool Application for Admission

Please type or use black ink when completing <u>both sides</u> 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 ha	s been award	ed by court. Does	this apply?	
Previous school attended			Phone		
School District in which student resid	des				
Church Affiliation	Pastor				
Transportation provided by:					
Preschool program for which you are	e applying - ch	neck (🗸) the n	umber of days en	rolled and circ	le 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.	Monday	Tuesday	Wednesday	Thursday	Friday
Ages 3-6 (11:00 a.m. – 2:50 p.m.) 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 waver). 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.

Please indicate which payment plan you prefer:

Preschoo	l Prepay (By Sept. 5)		
Preschoo	l Semester (Sept. 5 & Feb. 5)		
Preschoo	l Monthly (Sept May)		
Preschoo	l Creative Education Program (9-mo)	(Semester) (Yearly)	
After Sch	ool Care (Weekly) (9-mo) (9	iemester) (Yearly)	
References:	Personal Reference	Phone Number	
	Credit Reference	Phone Number	

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> and am willing to have my children 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 for noncompliance of the Code of Conduct.
- I understand that the school has full discretion for the developmental placement of my child(ren). 4. ____
- 5. ____ I have read the policy concerning late tuition 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.

0 I	understand that all t	he policies of the schoo	l are available for me to	read in the school office.
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- I give permission for my name, address, & 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)

Please Sign: Father: _____

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