

# Ames Christian School

# Preschool Registration Form

925 South 16<sup>th</sup> Street  
Ames, Iowa 50010

[www.ameschristianschool.org](http://www.ameschristianschool.org)

Telephone (515) 233-0772  
Fax (515) 232-0005

## Preschool Registration Form

20\_\_ ~ 20\_\_

Please complete this form and return it with the registration fee. The registration fee is non-refundable.

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

First

MI

Last

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Address

City /State

Zip Code

Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Other E-mail \_\_\_\_\_

Student Lives With (check one): Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_

First

MI

Last

Father's Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

First

MI

Last

Mother's Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Media Release: \_\_\_\_\_ My child(ren)'s picture/name may be used by the media.

I do not want my child(ren)'s picture/name to be used in the following ways:

\_\_\_\_\_ In a photo taken of the classroom and shared with you or other Ames Christian School families

\_\_\_\_\_ In a Power Point presentation for the school or the Ames Christian School website

\_\_\_\_\_ In a newspaper article or advertisement about Ames Christian School

Person(s) Responsible for Tuition Payment: \_\_\_\_\_

Please choose payment option:

\_\_\_\_\_ I would like to make monthly tuition payments from August through May and will have payments in the ACS office by the 10<sup>th</sup> of each month.

\_\_\_\_\_ I have filled out the monthly automatic deduction forms from my bank.

\_\_\_\_\_ I will pay my child's entire yearly tuition at this time.

What church does your family attend? \_\_\_\_\_

Church Address \_\_\_\_\_

Address

City /State

Zip Code

Are you members? \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Pastor's Phone Number \_\_\_\_\_

Is there any other information which would be beneficial to us in further understanding your child? \_\_\_\_\_

Please check session preference:

Four Year Olds

\_\_\_\_\_ M-W-F 8:30-11:00am

\_\_\_\_\_ M-T-Th-F 12:00-2:30pm

Three Year Olds

\_\_\_\_\_ T-Th 8:30-11:00am

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_