

Ames Christian School

Early Childhood Registration Form

925 South 16th Street
Ames, Iowa 50010

www.ameschristianschool.org

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

Early Childhood 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 _____

Please circle one of the choices: I hereby DO / DO NOT give my consent to let my child be photographed for use by the center on newspapers or other media for the purpose of publicity or advertisements. (Please circle one of the choices)

Grandparent Information:

Mother's Parents: _____ Father's Parents: _____

Name(s) (both if married)

Name(s) (both if married)

Street Address: _____ Street Address: _____

City/State/Zip Code: _____ City/State/Zip Code: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

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 OR M thru F 8:30-11:15am

_____ M-T-W-Th-F 12:00-2:45pm

Three Year Olds

_____ M-W 8:30-11:15

_____ T-Th 8:30-11:15am

Childcare Scheduled Hours: None _____ Full-Time _____ Part-Time _____ Days Attending: M T W Th F

Is your child potty trained? Yes No

Does your child nap? Yes No Average Length of Nap _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____