

Family Enrollment Form

20__ ~ 20__

Please complete this form and return it with the registration fee. Acceptance for enrollment is pending upon approval by the Administrator and the Board of Education.

First Student's Name _____
First MI Last

Second Student's Name _____
First MI Last

Third Student's Name _____
First MI Last

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 _____

Home Address _____
Address City /State Zip Code

Home Phone Number _____ E-mail _____
 Other E-mail _____

Student(s) Live With (check one): Mother & Father _____ Mother Only _____ Father Only _____ Guardian _____ Other _____

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 10th of each month.

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

_____ I will pay my child(ren)'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 _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____