

ADA CHRISTIAN PRESCHOOL 2008-2009 REGISTRATION FORM

6206 Ada Dr. SE, Ada, MI, 49301, phone: 676-0254

Child's Name: _____ M/F
First Middle Last (Gender-circle)

Child's Name (for classroom use and locker tag): _____

Date of Birth: _____/_____/_____ Place of Birth: _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Check here if you are a current ACS family.**



Parent Information

Father's Name _____ Father Cell _____ Father business phone _____ Place of Work _____

Mother's Name _____ Mother Cell _____ Mother business phone _____ Place of Work _____

Does your child have any physical or emotional difficulties that should receive special attention? Explain. _____

Name(s) of other children in family:

1. _____ Name _____ Age _____ 2. _____ Name _____ Age _____ 3. _____ Name _____ Age _____

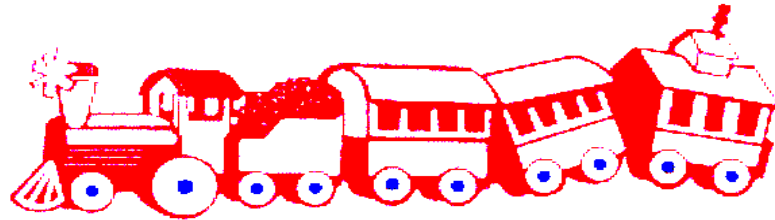
Church which your family attends (optional): _____

How did you hear about ACS: _____

<u>Class</u>	<u>Age requirement</u>	<u>Tuition</u>	<u>Enrollment fee</u>	For Office Use Only:
3 year olds T/TH 9:00-11:15 a.m.	Age 3 by 9/1/08	_____ (\$124/month)	\$169	Hmrm #1 pc _____ E _____
4 year olds M/W/F a.m. 8:45-11:15 a.m.	Age 4 by 9/1/08	_____ (\$168/month)	\$213	Hmrm #2 pc _____ E _____
↳ MWF Morning Care Option 8:00-8:45 a.m. (Open Play)		_____ (\$35/month)	Available only to ACS families with children in K-8	
4 year olds M/W/F p.m. 12:05-2:35 p.m.	Age 4 by 9/1/08	_____ (\$168/month)	\$213	Hmrm #3 pc _____ E _____
4 year olds T/TH/F p.m. 12:05-2:35 p.m.	Age 4 by 11/1/08	_____ (\$168/month)	\$213	Hmrm #4 pc _____ E _____
Young 5's M-TH p.m. 12:05-2:35 p.m.	Age 5 by 3/1/09	_____ (\$210/month)	\$255	Hmrm #5 pc _____ E _____

SIGNATURE REQUIRED for enrollment . . .

Please turn over this form, read and sign



Enrollment Information

Enrollment process: at time of enrollment, a \$45 non-refundable registration fee and September 2008 tuition is due. Both fees MUST be included to be enrolled. Postcard confirmations will be mailed within 2 weeks of enrollment. Checks will not be deposited if your child is on the waiting list.

Refunds: the \$45 registration fee is non-refundable at any time. September 2008 tuition is refundable until April 30, 2008. September 2008 tuition is not refundable after April 30, 2008. If you register after April 30, 2008, no refund is given if you decide to drop from the class.

Allergies: If your child has allergies that will affect the classroom atmosphere, you will need to speak with the director (Mrs. Gormley) or assistant director (Mrs. Boot) before final enrollment. In addition, we ask for something in writing from your child's doctor in regards to your child's specific allergy/allergies. We do our best to accommodate special allergy needs in the classroom, but we also want to make sure we are able to accommodate your child specifically.

Potty-training: All children must be fully potty-trained in order to attend ACS preschool. Children must be able to independently take care of their potty needs. Pull-ups are NOT an option. If children attend with pull-ups, and/or consistently have accidents, the director will notify parents and create a plan of action. A child not successfully potty-trained in the classroom will be dropped from the program after 2 weeks.

Drops: If, for any reason, your child needs to be dropped from the preschool program, 2-weeks notice is required.

I have read the items above, I understand them fully, and am willing to abide by them.

Signature: _____

Date: _____

Print Name: _____