

Ankeny Christian Academy

1604 West 1st Street
Ankeny, Iowa 50023-2525

www.ankenychristianacademy.org

Telephone (515) 965-8114
Fax (515) 965-8210

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.

Father's Name _____
First MI Last

Father's Occupation _____ Employer _____

Work Number _____ Cell Number _____

Mother's Name _____

First MI Last

Mother's Occupation _____ Employer _____

Work Number _____ Cell Number _____

Home Address _____

Address City/State Zip Code+Four

Home Phone Number _____ E-mail _____

Other E-mail _____

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

Person(s) Responsible for Tuition Payment: _____

ACA Family Directory - This contains the names of the parents, address, and phone numbers. A copy is given to each family. Please check if you **do not** want the above items published. _____

Media Release: _____ My child's picture/name may be used by any media.

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

_____ In the Ankeny Christian Academy yearbook, either with a group or individually

_____ In a photo taken of the classroom and shared with you or other Ankeny Christian Academy families

_____ In a Power Point presentation for the school

_____ In a newspaper article or advertisement about Ankeny Christian Academy

Special Instructions: _____

You may choose to have your tuition payments withdrawn on the 1st or the 10th of each month. To sign up, please fill out the Automatic Debit Authorization Form. This service is **free** to all ACA Parents.

What Church does your family attend? _____

Church Address _____

Address City/State Zip Code+Four

Are you members? _____ Pastor's Name _____ Pastor's Phone # _____

Father's Christian Testimony _____

Mother's Christian Testimony _____

How did you learn about Ankeny Christian Academy?

- Radio Advertisement Which station? _____
- Newspaper Advertisement Which paper/when? _____
- ACA Web Site
- Television Advertisement
- Summerfest
- ACA Day Camp
- Current ACA Family _____
- Other (please specify) _____

Reason for selecting Ankeny Christian Academy _____

We would like to add Grandparents/Great-Grandparent's names and addresses to our mailing list so we can keep them informed of significant happenings at Ankeny Christian Academy.

Grandparent's Name(s) _____

Address _____

Address	City/State	Zip Code+Four
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Phone _____

Grandparent's Name(s) _____

Address _____

Address	City/State	Zip Code+Four
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Phone _____

Great - Grandparent's Name(s) _____

Address _____

Address	City/State	Zip Code+Four
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Phone _____

Great - Grandparent's Name(s) _____

Address _____

Address	City/State	Zip Code+Four
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Phone _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date