

# 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You may choose to have your tuition payments withdrawn on the 1<sup>st</sup> or the 15<sup>th</sup> 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 # \_\_\_\_\_

Mrs. Hansen will be contacting the pastor or a representative from your church to verify attendance and involvement.

Father's Christian Testimony \_\_\_\_\_

Mother's Christian Testimony \_\_\_\_\_