



# Ankeny Christian Academy Preschool

1604 West First Street  
Ankeny, Iowa 50023-2525

Telephone (515) 963-9933  
Fax (515) 965-8210

## Preschool Contract

**Today's Date** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Monthly Fee** \_\_\_\_\_

Four Year Old Preschool: \_\_\_\_\_ MWF 8:00 -11:00 A.M. \_\_\_\_\_ MWF 12:00 - 3:00 P.M.

Three Year Old Preschool: \_\_\_\_\_ T Th 8:00 -11:00 A.M. \_\_\_\_\_ T Th 12:00 - 3:00 P.M.

The following agreement is between Parent(s) / Guardians(s) and Ankeny Christian Academy Preschool.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Boy** **Girl**

**Father's Name** \_\_\_\_\_ **Responsible for Payment** **Yes** **No**

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Responsible for Payment** **Yes** **No**

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### **Non-Refundable Registration**

Your registration fee of **\$75** guarantees your child's registration and start date.

**Check Number** \_\_\_\_\_ **Cash** \_\_\_\_\_

### **Payment**

Payment is due on the First of each month. You are able to pay in advance. You are responsible for payment regardless of attendance. If payment is not received by the 10th of the month there will be a \$25.00 late fee. All insufficient fund checks will be assessed a \$25.00 charge.

\_\_\_\_\_ Please check if you would like to receive the ACA E-mail newsletter. \_\_\_\_\_  
E-mail address

\_\_\_\_\_ Please check if you DO NOT want the names of parents, address, phone number, e-mail address and each student's name and grade level included in the ACA family directory. Copies are given only to ACA families.

\_\_\_\_\_ Please check if you have other children attending ACA. Please list names and grades:

***Termination of Agreement***

Payment is required each month regardless of attendance. Ankeny Christian Academy Preschool may terminate this contract immediately without notice when payments are not made.

Preschool classes follow the Ankeny Christian Academy school schedule.

***Verification***

I agree to all of the above terms and conditions. If I have any questions, I will see the Director before signing the agreement.

**Mother / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**On site Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_