



1604 West 1st Street
Ankeny, IA 50023
Tel (515) 963-9933 Fax (515) 965-8210
www.ankenychristianacademy.org

Preschool Contract

Today's Date _____ **Start Date** _____ **Monthly Fee** _____

Four Year Old Preschool: _____ MWF 8 - 11 A.M. _____ MWF 12 - 3 P.M.

Three Year Old Preschool: _____ T / TH 8 - 11 A.M. _____ T / TH 12 - 3 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

Payments will be paid via automatic debit from your bank account. These payments will be divided into 10 equal payments from August through May. You choose the 1st or 15th payment date. You are responsible for payment regardless of attendance. You will receive an email notification as to the date the payment will be processed. A statement of your account may be sent to you whenever you need one, upon request. Exception to this payment schedule will be made if you already have another payment arrangement with the ACA bookkeeping office. All insufficient fund payments will be assessed a \$25 charge.

Email Address _____

_____ Please check if you would like to receive the ACA E-mail newsletter

_____ 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:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

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 calendar.

Verification

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

Mother / Guardian _____ **Date** _____

Father / Guardian _____ **Date** _____

On site Supervisor _____ **Date** _____