

Parents can receive a \$100 registration discount per student by completing the Re-Enrollment Process using InfoDirect for the 2015-16 school year and paying the registration fee on or before March 12. Please follow the following process to re-enroll your student(s).

ACS Re-Enrollment Process Grades K-7

1. Complete the Re-Enrollment Module located on InfoDirect (contact the office if you need your username and password)
2. Download and submit the following documents found in the InfoDirect File Drawer
 - Signatures of Agreement with ACS Policies
 - Tuition Contract
 - Debt Authorization (if applicable)
 - Health Update form for each child (by August 1)
 - Volunteer Form

Kindergarten students with an existing sibling(s) will need to submit the following additional documents, as well as schedule Kindergarten Readiness Assessment with Mrs. Baedke.

- Birth Certificate
 - Immunization Record
 - Physical Form
 - Dental Screening and Vision Card
3. Discounted Registration fee will be accepted on or before March 12 **only** if everything on InfoDirect is completed and the above documents have been submitted to the office.

If you are applying for financial aid:

As soon as possible, complete the FAST application, which can be found at:

<http://ameschristianschool.org/admission/scholarship>. The fee to submit the application is \$41. If you have a scanner (and wish to electronically submit your taxes to FAST), you can scan in your documentation by clicking "Submit your Tax Forms Electronically" upon completion of the FAST Quick Processing Wizard. Please be advised that if your scanner is not compatible, you will be required to mail in your documentation to FAST. If you chose to mail the envelopes to mail tax information for FAST are available in the main office. Please do not email or staples the documents.

Agreement of Parent/Guardian with Ames Christian School Policies and Parent Handbook

I have read the following policies of Ames Christian School and understand the obligations and responsibilities which are required of parents and students. Additionally, I understand that Ames Christian School requires at least one parent/guardian be in full agreement with our Statement of Faith and have a personal relationship with Jesus Christ. (Please initial below)

_____ Admissions Policy	_____ Statement of Faith	_____ Technology Usage Policy
_____ Family Lifestyle Policy	_____ Parent Handbook	
_____ Discipline Policy	_____ Parent/Student Agreement	

Parent/Guardian Acceptance of Policies

By enrolling a student at ACS, I accept and agree to abide by the provisions set forth therein. My signature validates this document and indicates my acceptance and full agreement with all the above listed policies, agreements Statement of Faith, and Parent Handbook.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Student Acceptance of Policies

By signing below, I agree that I have read both the Parent/Student Agreement and the Technology Usage Policy. I understand the obligations and responsibilities of these policies and agree to abide by them.

Student Signature: _____ Print Name: _____ Date: _____

Student Signature: _____ Print Name: _____ Date: _____

Student Signature: _____ Print Name: _____ Date: _____

Student Signature: _____ Print Name: _____ Date: _____

Invest in Your Child's Future - Today

	Monthly Tuition 10 Equal Monthly Payments (Aug.- May)	Early* Registration Fee (by March 12th)	Regular Registration Fee (March 13 & after)
Kindergarten (full day) – 7th Grade	\$533.50	\$250.00	\$350.00
Multiple Child Discounts: (First child must be enrolled in grades K-7 for your Preschool child to qualify for this tuition discount)		10% Tuition Discount for Second Child 20% Tuition Discount for Third Child 30% Tuition Discount for Fourth Child Additional 10% Tuition Discount for Each Subsequent Child Per Family	
All numbers are shown on a per student/child basis. Enrollment is on an annual basis and registration fees are due at the time of enrollment. All registration fees are non-refundable. Tuition payments are due by the 10 th of each month in 10 equal monthly payments (first payment August 10 th and last payment May 10 th). <u>A late fee of \$50.00 is applied to each unpaid account after the 10th of each month.</u> All insufficient fund checks will create a \$25.00 charge to each account. Automatic Debit Authorization is available and encouraged for consistent tuition payments. Please call the school office if you have any questions.			
*The early registration fee for grades K-7 is allowed for each new and returning student registered with a completed enrollment application. Payment is required by March 12st for returning students to receive this discounted rate.			
Before and After School Dependent Care Available Grades K-7			
In order to better serve families with parents working away from home, ACS offers before and after school care. Every family who desires to use this care must fill out the necessary paperwork before their child can attend this program. K-7 child care hours are Monday through Friday 7:00-8:15 am and 3:00-5:30 pm. This before and after school care is \$65.00 per week for <u>both</u> AM and PM. Care is \$30.00 per week for just morning or \$40.00 per week for afternoon (K-7 th grades). Before and after school <u>Drop-In care per child is \$10.00 per hour</u> (payable at the time of drop-in). This care expense is considered dependent care and you should check with your tax advisor regarding the use of flexible spending account dollars to pay for these expenses. All dependent care is due monthly on the same schedule as tuition payments.			
Activity and Services Fee			
Each year, ACS incurs costs for field trips, assignment notebooks, and the use of Info Direct reporting. The goal is to keep the cost to a minimum and only charge one fee to cover all costs for the entire year. This fee is included in your tuition costs and is non-refundable.			

Tuition Contract

Ames Christian School agrees to offer educational services in accordance with ACS's Statement of Faith and educational policies. I, the undersigned, agree to pay ACS appropriate fees and tuition as outlined in the tuition and fee schedule.

1. Registration Fee (non-refundable)

A non-refundable registration fee per student is due upon registration. This fee covers the processing of student records, curriculum costs, and supplies. **By** March 12 for returning and new students \$250.00 **After** March 13 \$350.00

Registration Fee \$ _____ Date paid: cash \$ _____ check # _____ Paid by: _____

2. Tuition (which includes activity and service fee): Check one

- ☐ Pay in full on or before August 1, 2015
- ☐ Monthly by check or cash from August 2015 to May 2016
(10 payments) Due on the 1st of the month
- ☐ Monthly by automatic withdraw (ACH) from August 2015 to May 2016 (must attach voided check and ACH form)

3. Before and After School Care: Check one

- ☐ Monthly by check
(10 payments) Due on the 1st of the month
- ☐ Weekly by ACH (every Monday)
- ☐ Monthly by ACH (in combination with ACH for tuition)

Authorization for ACH:

I have authorized ACS to electronically transfer my tuition and fees from my account. If payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I request and authorize ACS to charge my bank account as indicated above. I agree that ACS's rights in respect to such transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect until revoked in writing by me; and until ACS receives such notice, I agree that ACS shall be fully protected in honoring my payment selections.

4. Late Fees and Insufficient Funds Fee

I further understand tuition payments are subject to a \$50 charge for payments that are returned due to insufficient funds. **If I am late in my payment, I understand that there is a \$50 late payment fee.** If tuition is in arrears by 1 scheduled payment, the student may be dismissed from the school until all accounts are brought up to date.

5. Tuition Statements

Your billing and payment information for your tuition can be viewed on the ACS website through "InfoDirect" under Resources/InfoDirect. Parents can also view the current balance of their student's lunch account. A login and password will be provided for you at parent orientation in August.

6. Early Termination of Contract

If a registered student withdraws prior to the first day of school, no tuition will be billed. (The non-refundable registration fee will not be reversed) If an enrolled student withdraws (with written notice to the school) during the school year, tuition and financial assistance will be pro-rated and billed based on the number of school days the student is enrolled.

7. Signatures:

Upon receipt of this COMPLETED AND SIGNED contract, the office will process your payment plan.

Parent/Guardian (printed): _____

Parent/Guardian Signature: _____

Social Security# _____ Date: _____

Parent/Guardian (printed): _____

Parent/Guardian Signature: _____

Social Security# _____ Date: _____

I am assuming payment responsibility of this student(s) account. If paying by ACH payment, my signature confirms my consent to process payment from my bank account information provided with this contract.

Signature: _____

MONTHLY Debit Authorization Agreement

I (We) hereby authorize Fidelity Bank (Huxley, Iowa) to automatically withdraw the amount designated below from my checking account.

Payment Amount to be Withdrawn: \$_____

Checking Account Number:_____

My Banks' Routing Number:_____

Name of Bank:_____

Bank Street Address:_____

City:_____ State:_____ Zip Code:_____

I (We) authorize the said amount to the Ames Christian School account #604983 on the 1st day of each month.

Transfer Schedule: (form must be submitted to ACS 10 days prior to the first transfer date)

Start Date:_____

Final Transfer Date:_____ (10 month billing cycle ends in May)

****Please attach voided check to this form**** (new check required yearly)

The authority is to remain in effect for the months that I (we) have indicated on this form or until Ames Christian School has received notification from me (or from either of us) of its termination in such manner as to afford Ames Christian School a reasonable time to act on it.

Printed Name(s):_____

Signature:_____ Date:_____ Phone Number:_____

Co-Signature:_____ Date:_____ Phone Number:_____

Authorization for ACH:

I have authorized ACS to electronically transfer my tuition and fees from my account. If payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I request and authorize ACS to charge my bank account as indicated above. I agree that ACS's rights in respect to such transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect until revoked in writing by me; and until ACS receives such notice, I agree that ACS shall be fully protected in honoring my payment selections.

Health Update Form

Please complete the following form for the purpose of updating our health records for your child(ren). Any exams, significant illnesses, hospitalizations or other pertinent information regarding medical treatment since last fall should be recorded. Ames Christian School is required to have this information on file before the start of classes in the fall. All information is confidential.

Student's Name _____ Grade _____

Did your student experience a significant illness, hospitalization, surgery, new medical condition or new allergies?? YES NO

If yes, please explain: _____

Physical exam: YES NO Date _____ Physician _____

Doctor's observations or recommendations: _____

Please provide updated immunization record if new immunizations were administered in the past 12 months.

Vision exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Hearing exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Dental exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Is the student taking medication regularly? YES NO

If yes, please identify medication and its purpose: _____

Please note: In order for medication to be administered at the school, an authorization form must be signed by the child's physician. Forms are available at the school office.

Other concerns or comments: _____

YES NO I give permission for my child to receive Tylenol as directed on the bottle/box. (In order for Tylenol to be administered at the school, parent must send a labeled bottle to the school office.)

YES NO I give permission for my child to receive emergency medical treatment or first aid if necessary.

YES NO I understand that the above information is confidential. However, I give my permission to share health information with school personnel if circumstances so require.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- ☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- ☐ **Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- ☐ **Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Provider Business Phone: _____

Provider Business Address: _____

Signature and Credentials
of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Bureau
515-281-3733 • 866-528-4020 • www.idph.state.ia.us/hpcdp/oral_health.asp

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Ames Christian School

925 South 16th Street
Ames, Iowa 50010

www.ameschristianschool.org

Volunteer Form

Telephone (515) 233-0772
Fax (515) 232-0005

Volunteer Form

Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving. Colossians 3:23-24

ACS needs volunteers for five events, five fundraisers, and in other areas such as technology at ACS. There are over 60 households represented at Ames Christian School. If each family participates in at least one or two of the following opportunities to serve, the tasks would be light and the blessing eternal. Please put your initials next to the committee(s) and other areas you would be willing to serve on and return it to school. You will be contacted by the chairperson of either the committee or other area you've chosen. Thank you so much for serving!

Father's Name: _____ Cell Phone: _____ Email: _____

Mother's Name: _____ Cell Phone: _____ Email: _____

_____ Home ISU Football Parking	Aug. - Oct.	Chair: Tyler Teske
_____ Butterbraid Fundraiser	September	Chair: Sarah Heaberlin
_____ Tailgate Party	September	Chair: Kayla Haberl
_____ Scholastic Book Fair	September	Chair: Jennifer Cotten
_____ Christmas Gala Fundraiser	December	Chair: Barb Vincent
_____ Christmas /Spring Music Reception Dec. / April		Chair: Leah Lindsay
_____ Classroom Showcase / Dinner	March	Chair: Kayla Haberl
_____ Bike-A-Thon	May	Chair: Barb Vincent
_____ Teacher Appreciation Week	May	Chair: Barb Vincent
_____ Golf Outing Fundraiser	May	Chair: Jeremy Haveman

I would be willing to help with:

_____ Advertising/Marketing	_____ Technology maintenance
_____ Assist Office Staff (Mailing, Stuffing...)	_____ Provide Cookies for Events
_____ Provide Childcare (Conferences/Volunteering...)	_____ Sewing Costumes or help with Musicals
_____ Box Tops / Campbell's for Education Label	
_____ Cleaning/Organizing	_____ Lunchroom Helpers (11:15am-12:15pm)
_____ Benevolence Needs	Two needed daily. Circle Days Available (M,T,W,Th, F)
_____ Facilities Maintenance	_____ Transport items for gala and golf outing
_____ Set up and cleanup for events	

I would be willing to be a volunteer resource person and my area of expertise is: _____