

DES MOINES CHRISTIAN SCHOOL
T.A.P. Enrollment Form

Please Print

Last Name: _____ Home #: _____

First Name: _____ Work #: _____

Spouse's First Name: _____ Work #: _____

Student Name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Program to be credited for the year :(Please circle one): K-12 Tuition Early Education Tuition
Lunch acct Gift to DMCS Another family: _____

In order to change your program option you must email TAP@dmcs.org to make this request.

There are 2 ways to receive your certificates, you may choose either option:

On Mondays:

- Purchase certificates immediately from the "TAP Store" in the Multi-Purpose room from 8:15 – 9:15.
- Drop off orders in the lock box in the MPR by 3:00 p.m. in order to receive them by 3:00 p.m. on Friday.

On Fridays:

- Pick up the filled order in the Multi-Purpose room from 3:00 p.m. – 3:30 p.m.
- Pick up filled orders from the Business office from 3:30 p.m. – 4:00 p.m.
- Pick up filled order from the Early Ed office on Friday from 3:00 p.m.–6:00 p.m.

Everyone will be asked to check their order and sign for its release. Your signature indicates your order was reviewed by you and confirms that it was filled accurately. If your order has an error, do not sign it out and have the office personnel contact the TAP coordinator immediately.

Please fill out the top portion of the order form **completely**. Pay particularly close attention to the pick up location options.

If you would like your student to pick up your order, it is your responsibility to inform them of this, we will not find them and get the order to them.

Remember that certificates are just like cash and should be treated as such – when it leaves our hands, it is **your responsibility**. DMCS will not replace any stolen, lost, damaged, destroyed or expired certificates. **All TAP sales are final.**

Should you leave DMCS, any TAP credit in your account can not be refunded and will be transferred to the Christian Scholarship Grant fund.

Your Signature: _____ Date: _____

(REQUIRED)