

**Please check the appropriate box.**

- 2-3 year old 2 days/wk. Half day
- 2-3 year old 2 days/wk. Full day
- 2-4 year old 3 days/wk. Full day
- 2-4 year old 5 days/wk. Full day

*Punxsutawney*  
CHRISTIAN SCHOOL

814 • 938 • 2295  
www.punxsutawneychristianschool.com

Train a child in the way he should go and when he is old  
he will not turn from it. Proverbs 22:6



**Enrollment Fee Paid**

Check # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE  
ONLY**

**Punxsutawney Christian School  
Preschool Student Application for 2024 - 2025**

**Student's Name:** \_\_\_\_\_

First

Middle

Last

**Name Child Goes By:** \_\_\_\_\_ (ex: Name is Matthew but he goes by Matt)

**Sex:** \_\_\_ Female \_\_\_ Male      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Family Information**

**Child lives with:**

\_\_\_ Both Natural Parents    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Mother/Step Father    \_\_\_ Father/Step Mother    \_\_\_ other \_\_\_\_\_

If separated or divorced: Joint Custody? Yes \_\_\_ No \_\_\_ if no, who has custody? \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Other Emergency contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_ **Member:** Yes \_\_\_ No \_\_\_

**Church Attendance:** \_\_\_ Regular \_\_\_ Often \_\_\_ Occasional \_\_\_ Seldom \_\_\_ Never

**Information about your child:**

Has your child attended a Preschool/Day care in the past? \_\_\_\_ Yes \_\_\_\_ No

How long: \_\_ *Less than 1 year* \_\_ *1 year* \_\_ *2 years* \_\_ *3 years*

**Health History:**

Please list any student allergies/special physical conditions \_\_\_\_\_

**Medications:** Please list all Prescription or over the counter medicines your child is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Does your child have any allergies to medications, food, or stinging insects? (Circle one) **No Yes**

If yes, please list along with reactions: \_\_\_\_\_

\_\_\_\_\_

Does your child have a life-threatening allergy that requires an epi-pen (circle one) **No Yes**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If yes, do you plan to have an epi-pen that can be kept in the classroom or the PCS office for emergency use?  
(Circle one) **No Yes**

Does your child have any physical restrictions? \_\_\_\_\_

\_\_\_\_\_

Any other physical, emotional, or health concerns that we should be aware of to best care for your child while here at PCS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special services your child receives / received**

\_\_ *Speech/language* \_\_ *OT/PT* \_\_ *Counseling* \_\_ *Other* \_\_\_\_\_

**Health Concerns:** \_\_\_\_\_

**Behavior Maintenance:** (circle) *Low* *Medium* *High*

**Other concerns that we need to be informed about:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Your child's acceptance is not based on the answers to these questions. They are used in order to better help serve your child's needs.

## Financial Information

Preschool	Tuition	12 Month	10 Month	Pay in Full (3% dis)
Full Time	\$4695.00	\$391.25	\$469.50	\$4554.15
Part Time	\$3120.00	\$260.00	\$312.00	\$3026.40
2-3 year old	\$2145.00	\$178.75	\$214.50	\$2080.65
Full day (2 days)				
2-3 year old	\$1755.00	\$145.25	\$175.50	\$1702.35
Half day (9-1)				

It is my desire as Parent/Guardian of \_\_\_\_\_ that he/she be enrolled in Preschool at Punxsutawney Christian School.

**I understand that an enrollment fee of \$75.00 must accompany this form and I agree to make the required tuition payments as indicated above.**

\_\_\_\_\_ I/We plan to enroll our child at PCS for Kindergarten

\_\_\_\_\_ I/We plan to enroll our child in the Public school for Kindergarten

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please return application along with the Tuition Agreement and your Enrollment Fee of \$75.**

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## Getting to Know Your Child

Please fill out the following questionnaire and return it to school. This questionnaire is used to help gain some insight into how to best help your child during the preschool day.

1. Child's preferred name:

\_\_\_\_\_

2. Please list names and ages of other children in the home

\_\_\_\_\_  
\_\_\_\_\_

3. Please list any fears or dislikes that would be good for me to be aware of.

\_\_\_\_\_  
\_\_\_\_\_

4. What comforts your child when he/she is upset? \_\_\_\_\_

\_\_\_\_\_

5. Share something special about your child

\_\_\_\_\_  
\_\_\_\_\_

6. What is one goal you would like me to help your child achieve this year? \_\_\_\_\_

\_\_\_\_\_

7. Does your child take a nap? \_\_\_\_\_

If there is any other important information that you would like to share in a more confidential manner we can set up an appointment for you to talk with the teacher.

Thank you for taking the time to fill out this questionnaire.