

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



Enrollment Fee Paid

Check # _____

Amount Paid _____

Date: _____

FOR OFFICE USE ONLY

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

**Punxsutawney Christian School
Preschool Student Application for 2025 - 2026**

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.