Preschool Application Punxsutawney Christian School 2019 -2020

Reg. Fee Paid

Check # _____

Amt. paid _

Childia	Eull Nama					Date:
Child's	Full Name:	First	Middle		Last	□ NB □AC
	child Goes By:					Office use only
Mailing Address:		City:		_ State:	Zip:	
Phone N	Number:					
Sex:	_ Female Male	Age:		Date of Birth:		
Email a	ddress:		· · · · · · · · · · · · · · · · · · ·			
	ou wish to attend: al Information:	Monday thru Monday, Wed				
	Preschool	Tuition	■ 12 Month	· · · · · · · · · · · · · · · · · · ·	10 Month	
	Full Time	\$3,350.00	\$279.17		\$335.00	*
	Part Time	\$2,285.00	\$190.42	4	\$228.50	
Christian	esire as Parent/Guardian of School. <u>I understand the</u> make the required tuition	at an enrollment fee		a \$35 Security		
I/	We plan to enroll our	child at PCS for F	Kindergarten			
L	/We plan to enroll ou	r child in the Publi	c school for Kind	lergarten		
		F	amily Informati	o <u>n</u>		
Child li Both N	ves with: Vatural Parents Moth	nerFatherM	other/Step Father	Father/Step N	Nother Other	
Father'	s Name:					
Address	3:	City:	St	tate:Zip	o:	
Home P	hone:	Work Phone:	Cel	Phone:		
Mother	's Name:					
Address	s:	City:	S	tate: Zip	o:	
Home P	Phone:	Work phone:	Cell	Phone:		
Paren	t/Guardian Signa	iture:			Date:	

Preschool Application

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Other concerns th			•	
Behavior Mainten	ance: (circle) L	ow	Medium	High
Health Concerns:			1 = 1	
Speech/languag	geOT/PT _	Counseling	Other	
Special services yo	ur child receives	/ received		
How long:L	ess than 1 year	1 year	2 years	_3 years
Has your child atte	nded a Preschool/I	Day care in the p	past? Yes	No

^{*}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.