

Preschool Application

Punxsutawney Christian School
2020 -2021

Reg. Fee Paid

Check # _____

Amt. paid _____

Date: _____

NB

AC

Office use only

Child's Full Name: _____
 First Middle Last

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Cell Phone: _____

Sex: ___ Female ___ Male Age: _____ Date of Birth: _____

Email address: _____

Days you wish to attend: _____ Monday thru Friday all day (\$3,350.00 a year)
 _____ Monday, Wednesday, Friday all day (\$2,285.00 a year)

Financial Information:

Preschool	Tuition	12 Month	10 Month
Full Time	\$3,350.00	\$279.17	\$335.00
Part Time	\$2,285.00	\$190.42	\$228.50

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 (non-refundable if accepted) must accompany form,** and that acceptance is at the discretion of the PCS Board of Directors. I agree to make the required tuition payments as indicated below to FACTS.

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

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

Family Information

Father's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

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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*

Special services your child receives / received (*Circle all that apply*)

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.