

# Preschool Application

Punxsutawney Christian School  
2018 -2019

**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 (\$3,220.00 a year)  
\_\_\_\_\_ Monday, Wednesday, Friday all day (\$2,195.00 a year)

## Financial Information:

Preschool	Tuition	12 Month	10 Month
Full Time	\$3,220.00	\$268.34	\$322.00
Part Time	\$2,195.00	\$182.92	\$219.50

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:** \_\_\_\_\_

# Preschool Application

**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:

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*\*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.*