

Puget Sound Christian School & Daycare

1740 South 84th Street Tacoma, Washington 98444 253.537.6870 www.pschristianschool.com

2019-2020 Student Registration Form

Class: (Check one)

P3 Only P4 Only PK Only Full-Time Daycare, (includes PS or PK) Daycare (hourly)

PLEASE PRINT. Any area not pertaining to your child, indicate with N/A.

Student Last Name _____ First _____ Prefers to be called _____

Boy Girl Place of Birth _____ Date of Birth _____

Last School Attended _____ School Phone _____

Child lives with: Both Parents Mother Father Stepmother Stepfather Guardian

Residential/Custodial Parents: (Please *separately* list parents and/or guardians that student lives with.)

Name _____ Relationship to student: _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Ext. _____

Work Hours _____ Email Address _____

Name _____ Relationship to student: _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Ext. _____

Work Hours _____ Email Address _____

Shared Custody? Please list the custody terms. _____

Please list any persons who are **legally** restricted from removing the student from the school premises:

_____ Relationship to student: _____

_____ Relationship to student: _____

(PSCS requires a copy of all legal documents to be on file in our office.)

Family Attends What Church _____ Phone _____

LOCAL Emergency Information: If Parent Cannot Be Contacted, Whom May We Call? **Please Print**

Name _____ Relationship to Student _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Relationship to Student _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Relationship to Student _____ Phone _____

Address _____ City _____ Zip _____

Additional Pick Up List: Those who can pick up your child after school.

Name _____ Phone _____ Relationship to Student _____

Name _____ Phone _____ Relationship to Student _____

PLEASE SEE MORE INFORMATION LOCATED ON THE BACK

Has your child ever had a serious illness or been hospitalized? Yes No If yes, Explain _____

Is there anything about your child's behavior, at home or school, that we need to be aware of? Yes No
If yes, explain _____

Has your child ever been recommended to an Individual Education Program (IEP), Special Education, i.e., Child Find or other types of testing? Yes, Date _____ No

Location of Program _____ Contact Person _____

Contact Number _____ What were the results of the recommendation? _____

Has your child ever been suspended or expelled from school or daycare? Yes No If yes, Explain _____

Has your child ever been retained a grade? Yes No If yes, Explain _____

Field Trip Permission:

I/We hereby give permission for my child to participate in any and all field trips (including transportation to and from field trip) taken by Puget Sound Christian School and Daycare. I understand that I will be notified of each outing.

Signature of Parent/Guardian _____ Date _____

This Section ONLY for students enrolled in Daycare

How does your child behave when tired? _____ When ill? _____

Does your child take naps? Yes No What is his/her average naptime? _____

Who disciplines your child at home? Dad Mom Both other _____

What method of discipline is used at home? _____

How does your child respond to discipline? _____

What are your child's interests and activities? _____

SUNSCREEN USE AUTHORIZATION

For the safety of your child, sunscreen (SPF 10 or greater) may be applied according to product directions, to protect his/her skin from the sun.

I do allow, **OR** I do not allow PSCS staff to apply PABA-free sunscreen (SPF 10 or higher) to my child.

Signature of Parent/Guardian _____ Date _____

PSCS Staff Only. Daycare Costs: Effective 7/1/2019 through 6/30/2020

<input type="checkbox"/> Full-Time, 5 Days a Week:	\$705.00 (Includes PS or PK Class)	Monthly Transportation Fee
<input type="checkbox"/> 4 Days a Week:	\$675.00 (Includes PS or PK Class)	Per Child \$ _____
<input type="checkbox"/> 3 Days a Week:	\$650.00 (Includes PS Class)	To/From _____
<input type="checkbox"/> Hourly, Current PSCS Student	\$6.00/Hour (Before & After School)	School
<input type="checkbox"/> Hourly, Non-PSCS Student	\$6.00/Hour	
<input type="checkbox"/> Daily, Current PSCS Student	\$35.00 (On Non-School Days. Daily Rate is any hours over 6.5.)	
<input type="checkbox"/> Daily, Non-PSCS Student	\$45.00 (Daily Rate is any hours over 6.5.)	