

# Puget Sound Christian School & Daycare

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

## 2024-2025 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 9/1/2024 through 8/31/2025**

<input type="checkbox"/> Full-Time, 5 Days a Week:	\$1,180.00 (Includes PS or PK Class)	<b>Monthly Transportation Fee Per Family \$ _____</b>
<input type="checkbox"/> 4 Days a Week:	\$1,131.00 (Includes PS or PK Class)	
<input type="checkbox"/> 3 Days a Week:	\$1,107.00 (Includes PS Class)	<b>To/From _____</b>
<input type="checkbox"/> Hourly, Current PSCS Student	\$13.00/Hour (Before & After School)	<b>School</b>
<input type="checkbox"/> Hourly, Non-PSCS Student	\$13.00/Hour	
<input type="checkbox"/> Daily, Current PSCS Student	\$75.00 (On Non-School Days. Daily Rate is any hours over 6.5.)	
<input type="checkbox"/> Daily, Non-PSCS Student	\$85.00 (Daily Rate is any hours over 6.5.)	