

PowerHouse Christian School

'21-'22 Enrollment Application

Please scan completed form and email to PHCSchool20@gmail.com
OR mail to PHC School, 3245 Token Rd, Sun Prairie, WI 53590

Father or Guardian	Mother or Guardian
Address:	Address:
City/State/Zip	City/State/Zip
Home/Cell Phone:	Home/Cell Phone:
Employer:	Employer:
Occupation:	Occupation:
Email:	Email:

Preferred Family Email: (We'll use one main email address if given here.)

1. Family marital status: ☐ married ☐ not married
 - a. If not married: ☐ divorced ☐ separated ☐ other
 - b. If not married, are you living in the same household: ☐ yes ☐ no
 - c. Student lives with: ☐ both parents ☐ father ☐ mother ☐ other
2. Parents having legal custody of student is/are: ☐ father ☐ mother ☐ both ☐ other
3. Please provide any other pertinent information or restrictions regarding custody or legal matters, if any:



Why are you interested in PowerHouse Christian School?

Full Name of Student	Date of Birth	Entering Grade	Prior School(s)

Please provide student's sibling information (if siblings are not applying for PHC School).

Sibling Name	Age	Grade (if applicable)	School Attending

*What kinds of support are you willing and able to offer *at least once* during the school year? Examples include: off-site chaperone and/or driver, snacks, special guest presenter (please share your area of expertise), teacher assistant, lunch break attendant, school supply donator (i.e. snack, TP, paper towels, pencils,...).



PowerHouse Christian School will include Biblical references, prayer, and character development based on non-denominational Christian beliefs which include the following statements of faith:

- God is an infinite, omniscient, omnipotent, omnipresent personal Being that exists as a Trinity we call Father, Son, and Holy Spirit.
- The Bible is the infallible Word of God, written by people under the divine direction and inspiration of the Holy Spirit.
- Jesus, the Son of God, was born of a virgin and came from Heaven to Earth fully man and fully God. His death and resurrection are historical events that paid for our sins and result in our salvation as we receive Him as our Lord and Savior. He alone is the Way, the Truth, and the Life (John 14:6).
- The Holy Spirit indwells all believers, empowering and equipping them to function as the Body of Christ by serving, witnessing, and glorifying God through both the tangible and spiritual gifts He has given them.

Parent(s) and/or guardian(s) sign one of the two options below:

I agree with PowerHouse Christian School's statements of faith.

_____ (sign)

I disagree with one or all of PHC School's faith statements but concede to the integration of that worldview in my child's schooling.

_____ (sign)

Optional comments here:

If your family attends church, which one do you attend? _____

PowerHouse Christian School admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally available to PHC School students. We do not discriminate on the basis of sex, race, color, religion, national or ethnnc origin in the administration of our admissions procedures, educational policies, or other school administered programs.



Health and Safety Statements

If my child becomes sick, I agree to keep him/her at home until at least 24 hours after a fever has subsided. (sign) _____

If my child displays symptoms of COVID-19 and/or has been in direct contact with someone who has tested positive for COVID-19, he/she will either be quarantined at home for 14 days OR will test negative on a COVID-19 test before returning to PowerHouse Christian School. (sign) _____

I will not hold PowerHouse Christian School (or anyone affiliated with the school) liable if my child becomes ill. (sign) _____

I will not hold PowerHouse Christian School (or anyone affiliated with the school) liable if my child is injured during school. (sign) _____

Tuition Payment Intention (*circle one option*):

- \$5,500 per student for entire school year, due Aug. 30
- OR \$2,750 per student due Aug. 30 and \$2,750 per student due Jan. 3
- OR \$612 per month per student (due the first of each month from Sept 1- May 1)

Due to the nature of extensive time and financial commitments of PHC School for tailoring an education for my child, I understand that if my family is one month late on a payment, their student(s) is/are subject to dismissal from the school.

(sign) _____

Check one of the following two options:

_____ Enclosed is the \$350 materials fee for each child I am applying for PHC School. This will be returned to me if the student(s) will not be participating in the school.

_____ The \$350 materials fee for each child's application to PHC School will be paid to PowerHouse Christian School no later than June 18, 2021.

***I understand that as of August 1, 2021, the materials fee will be non-refundable.

(sign) _____

***I understand that if I withdraw my child from PowerHouse Christian School, I will not be reimbursed tuition for prior instruction and I will incur an additional \$500 fee.

(sign) _____



Please submit pages 5-7 for *each* child you want to enroll in PowerHouse Christian School.

Student Name: _____ Grade entering: _____

- 1.) Do you consider your child more introverted (energized/most content in solitude) or more extroverted (energized/most content with people)?
- 2.) Has your student received failing/unsatisfactory grades in any subject? YES/NO
 - a.) If so, which?
- 3.) Has your student skipped a grade or been in an accelerated program for any subject?
 - a.) If so, which?
- 4.) What are your child's most favorite and least favorite subjects?
- 5.) Describe your child's relationship with literature (i.e. /loves to read, does not like books, is unable to read independently, likes to listen to books more than read them, etc.).
- 6.) What brings your child joy and what is he/she passionate about?
- 7.) What causes your child distress?
- 8.) What extracurricular activities has your student been involved in within the last three years, if any?



- 9.) If you know, share if your child is predominantly a visual, auditory, or kinesthetic learner.
- 10.) How would you describe your child's faith/spiritual life?

Educational Health Factors

- 11.) Is your child currently taking any medications? YES/NO
- a.) If so, list medications:
- b.) Needed at school? YES/NO
- 12.) Does your child need to wear glasses/contacts? YES/NO
- a.) If yes, check one: ___always ___for reading ___for distance
- 13.) Does your child have a hearing impairment? YES/NO
- a.) Does your child need to wear hearing aids? YES/NO
- 14.) Are there learning/behavioral/emotional or social conditions which have affected or may affect your child's school life? Please check applicable areas. If yes, please explain.

- | | |
|---|---|
| <input type="checkbox"/> Dyslexia
<input type="checkbox"/> ADD (Attention Deficit Disorder)
<input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder)
<input type="checkbox"/> BD (Behavior Disorder) or Emotional Issues
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Spectrum Disorder (Asperger's, Autism, Sensory, etc.) _____ | <input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> In Special Education or Resource Services
<input type="checkbox"/> Remedial Reading (Chapter 1)
<input type="checkbox"/> Speech/Language Services
<input type="checkbox"/> Social Work Services/Counseling
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Other (please specify): _____ |
|---|---|

- 15.) Has your child ever had or does he/she currently have an Individual Educational Plan or any other formalized educational plan? YES/NO
- a.) If your child has an IEP, you will be required to transport your child to the public school if you want to maintain those services.
- (sign) _____



Immunization Records

I testify that my child will be current with all CDC recommended vaccinations for the '21-'22 school year and will provide this documentation to PHCS by Sept. 20th, '21.

(sign)_____ (date) _____

OR

We chose not to vaccinate our child and I will submit a signed letter of explanation by Sept. 20th, '21.

(sign)_____ (date) _____

COVID-19 Mask Requirements (as applicable for the '21-'22 school year):

Choose ONE of the following two options and sign it.

*My child will need to wear a mask when indoors according to the State of Wisconsin mandates for COVID-19 restrictions.

(sign)_____

OR

*My child will *not* need to wear a mask when indoors, according to the State of Wisconsin exemptions (that I am not required to disclose...)

(sign)_____

Does your child have any allergies (food or otherwise) or medical disabilities? Please list and describe severity.

What else would you like us to know about your child and/or your family?

