



# PCA Preschool 2024/2025

"Learning Through Play in a Faith Based Setting"

Prairie Christian Academy Preschool  
 Box 68 - 411 11th Ave NE  
 Three Hills, Alberta T0M 2A0  
 Phone: 403-443-4220

Child's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Home Address: \_\_\_\_\_  
Street PO Box # Town Province Postal Code

Applying for: Full Year:  Only Fall:  Only Winter:  Only Spring:   
 AM Class (Tues/Thurs 8:45-11:15) ~ Age 3-4  
 PM Class (Tues/Thurs 1:00-3:30) ~ Age 4/Pre-kindergarten

Parent(s) Information:

Mother's Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street & Box # Town Province Postal Code

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street & Box # Town Province Postal Code

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

LOCAL Emergency contact to whom your child may be released:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street & Box # Town Province Postal Code





Medical Information:

AB Health #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunizations up to Date? Yes  No  Long-term Medications: \_\_\_\_\_

Allergies/Medical Conditions/Diagnosis: \_\_\_\_\_

In the case of an emergency PCA Staff may transport my child to an emergency facility and/or administer First Aid: Yes  No

Other:

If applicable, person(s) to whom your child may NOT be released: \_\_\_\_\_

\_\_\_\_\_

Are you aware of the discipline policy of PCA Preschool? Yes  No

Comments: \_\_\_\_\_

~ The names & photos of Preschool students participating in class projects or events may appear in Prairie Christian Academy publications or community promotions. ~

Please check one of the following:

- I grant permission for the use of my child's name/photo as described above.
- I DO NOT grant permission for the use of my child's name/photo as described above.

Would you like to schedule a meet & greet with the teachers and a have a chance to see the classroom before your child begins? Yes  No

Date of Application: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



\*Please return completed application to [pca.preschool@ghsd75.ca](mailto:pca.preschool@ghsd75.ca)\*



Additional Information (Not Required):

As Early Childhood Educators, we strongly believe in early intervention in child development, so we have put together a few questions that we hope will help you in seeing if there are any areas of concern you might have regarding your child.

If we can help your child get the support they need at the earliest age possible, it can make a huge difference.

1. Do you have any concerns regarding your child's speech? \_\_\_\_\_

\_\_\_\_\_

2. Describe any behaviours that are of concern to you. How do you deal with those behaviours at home?

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any specific goals in mind for your child at preschool this year? \_\_\_\_\_

\_\_\_\_\_

4. What are your child's strengths and interests? \_\_\_\_\_

\_\_\_\_\_

5. Is there any other information that could help us gain a better understanding of your child? \_\_\_\_\_

\_\_\_\_\_

For Office Use Only:

Date Recieved: \_\_\_\_\_

Susbidy? Yes  No

Fees Paid? Fall  Winter  Spring

