



A Journey to Excellence

Poughkeepsie Community Christian School

71 Mitchell Avenue

Poughkeepsie, New York 12603

Telephone: (845) 243-2491

Email: info@poughkeepsiesdaschool.org

Website: poughkeepsiesdaschool.org

2025-2026 POUGHKEEPSIE COMMUNITY CHRISTIAN SCHOOL REGISTRATION FORM

Please attach your registration fee: \$200.00 FOR YOUR CHILD (Returning Student)

New student registration fee: \$250.00 for child Note: Registration fees are non-refundable.

Student's Name: _____

Grade Entering: _____

Address: _____

Date of Birth: _____

Student's Religion: _____

Gender: _____ Social Security #: _____

Student's Ethnic Background: _____

Father's Name: _____

Religion: _____

Father's Place of Employment: _____

Occupation: _____

Home Address: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

Mother's Name: _____

Religion: _____

Mother's Place of Employment: _____

Occupation: _____

Home Address: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

If parents are separated or divorced, please give the following information:

Name of Legal Guardian: _____

Address of Legal Guardian: _____



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Home Phone: () _____ Work Phone: () _____

STUDENTS ONLY Date of Baptism: _____ Church: _____

City/State: _____

***** PLEASE SIGN AND DATE I give Poughkeepsie Community Christian School permission to request my child's records and financial status from any school they have previously attended.

Signature of Parent or Guardian: _____

Date: _____

IMPORTANT: A copy of BIRTH CERTIFICATE, and IMMUNIZATION RECORD must be submitted by the parents to the school for students entering Poughkeepsie Community Christian School for the first time. A copy of the most recent report card must be submitted for new students entering grades 1-7 along with standardized test scores, if applicable.