



**Paradise Valley United Methodist Church Preschool**  
 4455 East Lincoln Drive, Paradise Valley, AZ 85253 602-840-8265  
 www.pvumcpreschool.org



**PLEASE PRINT LEGIBLY**

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Resides with:  Parents  Mother  Father  Other: \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Other: \_\_\_\_\_

Religious affiliation and church attended, if any: \_\_\_\_\_

We are members of PVUM Church:  Yes  No Date Joined: \_\_\_\_\_

(PVUM Church membership is required for six months before you will be offered a place in the preschool if there is a wait list at your child's particular age.)

**CLASS INFORMATION** *(please number in order of preference)*

___ Parent/Toddler	___ T/Th Threes	___ T/Th Older Threes/Younger Fours	___ M-F Pre-K
___ Mini Twos Co-op (Spring Session Only)	___ MWF Threes	___ MWF Older Threes/Younger Fours	___ M-F (T/Th Expanded) Pre-K
___ T/Th Twos	___ M-Th Threes	___ M-F Older Threes/Younger Fours	___ M-F Junior Kindergarten (must be 5 by Dec. 31)
___ MWF Twos	___ M-F Threes	___ M-Th Young Fours (must turn 4 Aug. thru Dec. 31)	
___ M-F Twos	___ Friday Friends	___ Friday Friends	

**MOTHER'S INFORMATION**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FATHER'S INFORMATION**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(OVER)

My child is presently enrolled in \_\_\_\_\_ class. Teacher's Name(s): \_\_\_\_\_

Siblings who have attended PVUMC Preschool: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Special Characteristics/Information about your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

**NON-REFUNDABLE FEES**

**Processing** \_\_\_\_\_ **Registration** \_\_\_\_\_

**August and May Tuition** \_\_\_\_\_ **Procure** \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

Date Application Received: \_\_\_\_\_