



Paradise Valley United Methodist Church Preschool

4455 East Lincoln Drive · Paradise Valley, AZ 85253
602.840.8265 · 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)

- | | | | |
|---|----------------------|---|--|
| _____ Mom's Morning Out
(14-30 months) | _____ T/TH Threes | _____ T/TH Older
Threes/Younger Fours | _____ M-F Pre-K |
| _____ T/Th Twos | _____ MWF Threes | _____ MWF Older
Threes/Younger Fours | _____ M-F Pre-K Expanded |
| _____ MWF Twos | _____ M-TH Threes | _____ M-F Older
Threes/Younger Fours | _____ M-F Jr. Kindergarten
(must be 5 by Dec. 31) |
| _____ M-F Twos | _____ M-F Threes | _____ M-TH Young Fours
(Must turn 4 Aug. thru Dec. 31) | |
| | _____ 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: _____

Siblings who have attended PVUMC Preschool: _____

Special Characteristics/Information about your child

By signing below, I acknowledge and agree to email correspondence from the Preschool Office and any current or future classroom teachers.

Signature of Parent _____ Date _____

Please initial to give permission for the following:

_____ Phone calls _____ Voicemails _____ Text Messages

*Cell Carrier information required on front side

FOR OFFICE USE ONLY

NON-REFUNDABLE FEES

Processing _____ **Registration** _____

August and May Tuition _____ **Procure** _____

Signature of Director _____ Date _____

Date Application Received: _____