



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



**GENERAL INFORMATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

E-Mail \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*Emergency phone number (s) to call if your child becomes ill at school and parents are unavailable or cannot be reached: \_\_\_\_\_

**Other Members of the Household:**

NAME	AGE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is your child currently taking any medications on a regular basis? \_\_\_ Yes \_\_\_ No If yes, indicate \_\_\_\_\_

\*\*\*Any known allergies of any kind? \_\_\_\_\_

May the school provide emergency medical care by a physician if the child's own physician is unavailable?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive any outside services? \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_

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

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

**Class Schedule Offered-----Please Circle Choices**

**PARENT-TODDLER**

**2 YEAR OLD CHOICES:**    M-W-F                    T-TH                    CO-OP

**3 YEAR OLD CHOICES:**    M-W-F                    T-TH                    M-F

**4 YEAR OLD CHOICES**    M-W-F                    T-TH                    M-F                    M-TH with F option

**PRE-K CHOICES: (LAST YEAR OF PRESCHOOL)**                    M-F                    M-F (T/TH EXP.)                    M-F EXTENDED DAY

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

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

**NON-REFUNDABLE FEES:**

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

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.)

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

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

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

