



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 Fours	
___ 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: _____