



# 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<br>(12-30 months) | _____ T/TH Threes    | _____ T/TH Older<br>Threes/Younger Fours                  | _____ M-F Pre-K                                      |
| _____ T/Th Twos                           | _____ MWF Threes     | _____ MWF Older<br>Threes/Younger Fours                   | _____ M-F (T/TH)<br>Expanded Pre-K                   |
| _____ MWF Twos                            | _____ M-TH Threes    | _____ M-F Older<br>Threes/Younger Fours                   | _____ M-F Jr. Kindergarten<br>(must be 5 by Dec. 31) |
| _____ M-F Twos                            | _____ M-F Threes     | _____ M-TH Young Fours<br>(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: \_\_\_\_\_

(OVER)

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**FOR OFFICE USE ONLY**

**NON-REFUNDABLE FEES**

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

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

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

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