



**Paradise Valley United Methodist Church Preschool**  
 4455 East Lincoln Drive, Paradise Valley, AZ 85253 602-840-8265  
 www.preschool.pvumc.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                 |
| ___ T/Th Twos      | ___ MWF Threes     | ___ MWF Older Threes/Younger Fours  | ___ M-F (T/Th Expanded) Pre-K |
| ___ MWF Twos       | ___ M-F Threes     | ___ M-F Older Threes/Younger Fours  | ___ M-F Extended Day Pre-K    |
|                    | ___ Friday Friends | ___ M-Th Fours                      |                               |

**MOTHERS INFORMATION**

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

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

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

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

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

**FATHERS INFORMATION**

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

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

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

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

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

**OTHER MEMBERS OF THE HOUSEHOLD**

| NAME  | AGE   | RELATIONSHIP TO CHILD |
|-------|-------|-----------------------|
| _____ | _____ | _____                 |
| _____ | _____ | _____                 |
| _____ | _____ | _____                 |
| _____ | _____ | _____                 |

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

**NON-REFUNDABLE FEES**

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

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

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

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