

2020 PORT VUE UNITED METHODIST CHURCH PRESCHOOL APPLICATION

Please print and return to PVUMC Preschool 1565 Washington Blvd, McKeesport, PA 15133

Questions, please call Vicki Underwood at (412) 672-5508

CHILD'S NAME _____
FIRST MIDDLE LAST

NICK NAME _____ (If you prefer teacher to use that name)

SEX - MALE _____ FEMALE _____

CHILD'S AGE AS OF SEPTEMBER 1 _____ BIRTHDATE _____

ADDRESS (Please include city)

PHONE _____

FATHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

CHILD LIVES WITH BOTH PARENTS _____ MOTHER _____ FATHER _____

OTHER (Specify) _____

PARENT'S MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____

SIBLINGS (Name) _____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

DATE OF CHILD'S LAST PHYSICAL EXAM _____ DOCTOR _____

CONDITION OF HEALTH _____ LIST ANY ALLERGIES OR PHYSICAL PROBLEMS

ANY EMOTIONAL NEEDS OR PROBLEMS THAT YOUR CHILD HAS THAT THE TEACHER WOULD NEED TO BE AWARE OF _____

INDICATE YOUR CHOICE OF MORNING (9:30AM—12:00PM) _____ (1:00PM-3:30PM)_____

3 YEAR OLDS—TUESDAY, THURSDAY

4 YEAR OLDS—MONDAY, WEDNESDAY, FRIDAY

IN THE EVENT OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST THE NAMES OF PERSONS LOCALLY WHO CAN COME TO PRESCHOOL TO PICK UP YOUR CHILD

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

I GIVE PERMISSION TO HAVE MY CHILD TRANSFERRED TO THE HOSPITAL AND RECEIVE MEDICAL ATTENTION. I WILL ASSUME FULL RESPONSIBILITY FOR CHARGES RELATED TO THE ABOVE.

SIGNATURE _____ DATE _____

ALL INFORMATION COMPLETED ON THE APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

* NON-REFUNDABLE REGISTRATION FEE IS DUE WITH THIS APPLICATION.

*TUITION WILL BE DUE BY THE FIRST OF EACH MONTH. AFTER THE 10TH A LATE OF \$10 WILL BE CHARGED.

*SEPTEMBER TUITION IS DUE BY JUNE 1ST. SEPTEMBER TUITION IS NOT REFUNDABLE.

SIGNATURE _____ DATE _____

OPTIONS: : ARE YOU AN ACTIVE MEMBER OF A CHURCH, IF SO, WHERE? _____

WOULD YOU LIKE TO RECEIVE CHURCH MAILINGS? YES _____ NO _____

I GIVE PERMISSION FOR PORT VUE UNITED METHODIST CHURCH CHRISTIAN PRESCHOOL TO PHOTOGRAPH MY CHILD. I UNDERSTAND THAT THESE PHOTOGRAPHS COULD BE POSTED ON THE PVUMC WEBSITE, FACEBOOK PAGE OR USED IN BROCHURES AND FLYERS.

SIGNATURE _____ DATE _____