

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

HAS YOUR CHILD ATTENDED PRESCHOOL BEFORE? Y OR N - IF SO, WHERE _____

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 _____

EMAIL _____

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 1st OF EACH MONTH. AFTER THE 5TH 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 _____