

Port Vue United Methodist Church

1565 Washington Blvd. ♦ McKeesport, PA 15133

CHILD'S NAME _____

LAST

FIRST

MIDDLE

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

SEX MALE _____ FEMALE _____

CHILD'S AGE AS OF SEPTEMBER 1 _____ BIRTHDATE _____

ADDRESS (Please include city) _____

*PHONE _____ *EMAIL _____

FATHERS NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

MOTHERS NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

CHILD LIVES WITH BOTH PARENTS _____ MOTHER _____ FATHER _____

OTHER (Specify) _____

PARENTS MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCE _____ WIDOWED _____

SIBLINGS _____ AGE _____

_____ AGE _____

_____ AGE _____

DATE OF CHILDS 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: _____

*ALL STUDENTS MUST BE TOILET TRAINED

INDICATE YOUR CHOICE OF AM OR PM _____

MORNINGS 9:30—12:00 AFTERNOONS 1:00-3:00

3 YEAR OLDS TUESDAY, THURSDAY

4 YEAR OLDS, MONDAY, WEDNESDAY, FRIDAY

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

Signature _____

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

NAME _____ PHONE _____ RELATIONSHIP _____

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Signature _____

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

Signature _____

NON REFUNDABLE REGISTRATION FEE IS DUE WITH THIS APPLICATION

TUITION WILL BE DUE BY THE FIRST OF EACH MONTH. AFTER THE 5TH A LATE FEE OF \$10.00 WILL BE CHARGED.

SEPTEMBER TUITION IS DUE BY JUNE 1ST. SEPTEMBER TUITION IS NON REFUNDABLE.

DATE _____ Signature _____

OPTIONAL: ARE YOU AN ACIVE MEMBER OF CHURCH? _____

IF SO, WHERE? _____

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

HAS YOUR CHILD ATTENDED PRESCHOOL BEFORE? YES _____ NO _____

IF YES, WHERE HAD YOUR CHILD ATTENDED PRESCHOOL? _____

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

Signature _____