

Port Vue United Methodist Church Christian Preschool

Use this form to apply for the PVUMCC Preschool. The Preschool is located at Port Vue UMC, 1565 Washington Blvd, McKeesport, PA 15133

If you have any questions, please call PVUMC (412) 672-7289

Child's Last Name*: _____

Child's First Name*: _____

Child's Middle Name: _____

Nickname (if you prefer the teacher use this name): _____

Sex*: Male ___ Female ___

Child's Age as of September 1*: _____ Birthdate*: _____

Please Note: All students must be toilet trained

Address*: _____

Primary Phone Number*: _____ Secondary Phone Number: _____

Email*: _____

Father's Name*: _____ Occupation: _____ Place of Employment: _____

Mother's Name*: _____ Occupation: _____ Place of Employment: _____

Child Lives with*: Both Parents ___ Mother: ___ Father: ___ Other (please specify): _____

If none of the above, please explain the child's living situation: _____

List all siblings (name and age) *: _____

Date of Child's Last Physical Exam*: _____ Family Doctor*: _____

Condition of Health*: _____

List any allergies or physical problems*: _____

List any emotions needs or problems that your child has that the teacher would need to be aware of*: _____

Has your child attended Preschool before? * Yes: ___ No: ___

If yes, where did your child attend Preschool? _____

Please, Indicate Your Choice of Class Time Below

3 YEAR OLD - TUESDAY, THURSDAY

4 YEAR OLD - MONDAY, WEDNESDAY, FRIDAY

Preferred Class Time*

____ Morning (9:30am – 12:00pm)

____ Afternoon (1:00pm – 3:30pm)

Emergency Contacts

IN THE EVENT OF AN EMERGENCY, PLEASE LIST THE NAME OF LOCAL PERSONS WHO CAN PICK UP YOUR CHILD IF PARENTS CANNOT BE REACHED.

Contact Name #1*: _____

Phone Number of Contact #1*: _____ Contact Name #1 Relationship*: _____

Contact Name #2*: _____

Phone Number of Contact #2*: _____ Contact Name #2 Relationship*: _____

Your signature below will serve as your agreement

PERMISSION FOR MEDICAL TREATMENT

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.

Parent/Guardian Signature*: _____

PHOTO/VIDEO RELEASE FORM

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

Parent/Guardian Signature*: _____

APPLICATION FORM ACCURACY

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

Parent/Guardian Signature*: _____

Today's Date: _____

Optional Information

Are you an active member of a church, and if so, where? _____

Would you like to receive church mailings? Yes: ____ No: ____