



PLEASANT VIEW UNITED METHODIST CHURCH
PRESCHOOL REGISTRATION

18416 Lee Highway
Abingdon, VA 24210
628-6323 or 628-3396

3 & 4

NAME OF CHILD _____

NAME CHILD USES _____ DATE OF BIRTH _____.

FATHER'S NAME _____.

PLACE OF EMPLOYMENT _____.

MOTHER'S NAME _____.

PLACE OF EMPLOYMENT _____.

HOME ADDRESS _____,

_____.

HOME PHONE # _____ . FATHER'S WORK # _____

MOTHER'S WORK # _____

PARENTS' EMAILS _____

NAME & AGES OF BROTHERS & SISTERS:

NAME OF PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY:

HOW THIS PERSON CAN BE REACHED DURING THE DAY: _____ . IN CASE OF
AN EMERGENCY, WHAT HOSPITAL DO YOU PREFER?

NAME OF FAMILY DOCTOR _____ . PHONE # _____

DOES THE CHILD HAVE ANY ALLERGIES?

ADDITIONAL INFORMATION YOU FEEL THE TEACHER SHOULD KNOW ABOUT YOUR CHILD

YOUR CHILD'S IMMUNIZATION ***MUST*** BE UP TO DATE BEFORE SCHOOL STARTS. _____ YES

A **non-refundable registration fee** of \$40.00, which covers insurance and supplies for the year, **must** accompany this form. Return this form and fee to:

Pleasant View Preschool
% Mrs. Nicole Meadows
18416 Lee Highway
Abingdon, VA 24210

All checks must be **payable** to Pleasant View Preschool. School will begin Wednesday, September 9, 2020. The class will meet Monday, Wednesday and Friday from 9:30 am to 12 noon and tuition will be \$110.00 per month. You will be notified of an ***Orientation session*** for children & parents ***prior*** to Preschool's opening.

SIGNATURE OF PARENT _____ . DATE _____ .
{Date application received by Preschool _____ }

Are you an active member of a local church? ___ Yes ___ No.

Which church? _____

If not, would you be interested in receiving information about Pleasant View United Methodist Church? ___ Yes ___ No