

# Paradise Valley Cooperative School - Enrollment Application

Child's Name _____	Date of Birth _____	Age _____
Address _____	City & Zip Code _____	
Parent _____	Parent _____	
Cell Phone _____	Cell Phone _____	
Email Address _____	Date of Application _____	
Referred By: _____		

Please circle the class and the days of the week your child will be attending.

## Morning Program 9:00am to Noon

Toddlers (must be one and walking)	M   T   W   Th   F
Twos (two by Sept. 1)	M   T   W   Th   F
Threes (three by Sept. 1)	M   T   W   Th   F
Pre K (four by Sept. 1)	5 Day Program   M - F



## Extended Care

Early Care (8:00am to 9:00am)	M   T   W   Th   F
Fun Bunch (Noon to 2:00pm)	M   T   W   Th   F

## Full Day Program 7:00am to 5:30pm

Toddlers (must be one and walking)	M   T   W   Th   F
Twos (two by Sept. 1)	M   T   W   Th   F
Threes (three by Sept. 1)	M   T   W   Th   F
Pre K (four by Sept. 1)	5 Day Program   M - F

Office Use Only:  
 Reg./Material Fee: \_\_\_\_\_  
 Tuition Rate: \_\_\_\_\_  
 Parent Code: \_\_\_\_\_  
 Enrollment Forms:  
 \_\_\_\_\_ Emergency Form  
 \_\_\_\_\_ Immunizations  
 \_\_\_\_\_ Tuition Agreement

### **Enrollment Agreement:** Please initial next to each statement.

- \_\_\_\_\_ I agree to pay tuition and all fees on time.
- \_\_\_\_\_ I agree to provide the school with all required forms and immunization records prior to my child's first day of school.
- \_\_\_\_\_ I agree to abide by all policies in the PVCS parent handbook.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PVCS Permission Agreements:** Please initial next to each statement.

\_\_\_\_\_ I give permission for our address, e-mail and phone number to be distributed to other families enrolled at PVCS.

\_\_\_\_\_ I give permission for my child's photo to be used on the PVCS website and other advertisements (no names will be used).

\_\_\_\_\_ I give permission for sunscreen to be applied on my child as needed.

\_\_\_\_\_ I give permission for the PVCS staff to use Kirkland brand wipes on my child for diaper changing.

**Student Questionnaire:**

1. Describe your child. What are his/her interests, temperament, etc.?

2. How do you discipline your child? What works? What doesn't?

3. Does your child have any food allergies or diet restrictions?

4. What other preschools or programs has your child attended? Please also include any services such as speech, occupational therapy, physical therapy, play therapy, etc.

5. What else do we need to know about your child to keep him/her safe and happy?

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_