

Pleasant Valley Preschool
1990 Route 212
Quakertown, PA 18951
610-346-8262
www.pvpreschool.com
pvpreschool@gmail.com

REGISTRATION FORM

General Information

School Year - _____ 3's _____ 4's _____ Deposit (\$35) Received _____
Child's Name - _____ M F (circle one) Nickname: _____
Address: _____ Date of Birth: _____
_____ Phone Number: _____

School District in which the child resides: _____

Is there any person whom your child is protected by a court order? Yes _____ No _____

If Yes, name of person: _____

Medical Background

Family Doctor: _____ Phone Number: _____

Allergies (Including bee stings and food): _____

Date of last tetanus shot: _____ Immunization copy turned in : _____ Date: _____

Is your child on medication? _____ If so, what? _____

Does your child have a medical condition? _____

If so, explain: _____

Hospital preference: _____

(Note: 911 carriers are required to transport to the closest facility.)

Parental and Emergency Information

Father's Name: _____ Work / Cell Phone #: _____

Address: _____

Mother's Name: _____ Work / Cell Phone #: _____

Address: _____

Email Address: _____

Siblings and Ages: _____

In case of emergency and if parent cannot be reached, please contact:

_____ () _____ or _____ () _____
Name Phone Name Phone

Please list the names and phone numbers of anyone you wish to transport your child to and from the preschool or on field trips:

I give permission for my child to receive emergency medical care if necessary.

_____ Date

_____ Parent or Guardian

How did you hear about our Preschool program? _____

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Release Form

I _____, of _____
(Parent or legal guardian) (Child's name)

have read and agree to the following terms:

Intending to be legally bound, I release (except for any applicable insurance coverage) Pleasant Valley Preschool and Trinity United Church of Christ, and their officer, employees, agents, and volunteers from any and all suits, judgements, claims, contributions and demands whatsoever, arising out of or relating to the attendance and participation of my child named above in connection with any and all classes, events, and activities.

If a medical condition has been identified on the registration form, please identify here and it shall be hereafter considered part of this release form:

Signed: _____

Date: _____

Address: _____

Phone: _____