



PLEASANT VIEW UNITED METHODIST CHURCH  
PRESCHOOL REGISTRATION

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

**Monday,  
Wednesday  
&  
Friday  
Class**

NAME OF CHILD \_\_\_\_\_

NAME CHILD USES \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_.

FATHER'S NAME \_\_\_\_\_.

PLACE OF EMPLOYMENT \_\_\_\_\_ Work # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_.

PLACE OF EMPLOYMENT \_\_\_\_\_ Work # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_.

HOME PHONE # \_\_\_\_\_ . FATHER'S cell # \_\_\_\_\_

MOTHER'S cell # \_\_\_\_\_

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? \_\_\_FOOD \_\_\_ANIMAL  
\_\_\_ENVIROMENTAL \_\_\_MEDICATION \_\_\_OTHER \_\_\_\_\_

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):  
\_\_\_PHYSICAL DISABILITY \_\_\_SPEECH DELAY \_\_\_HEARING \_\_\_VISION  
\_\_\_DEVELOPMENTAL DELAYS: \_\_\_SOCIAL/EMOTIONAL \_\_\_LANGUAGE/COMMUNICATON  
\_\_\_FINE MOTOR \_\_\_GROSS MOTOR  
\_\_\_OTHER MEDICAL CONCERNS: \_\_\_ASTHMA \_\_\_MEDICATION NEEDS  
IF RECIEVE EMERGENCY MEDICATION: \_\_\_EPIPEN \_\_\_INHALER \_\_\_\_\_

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CHILD?  
\_\_\_\_\_

SERVICES/PROGRAMS YOUR CHILD MAY PARTICIPATE IN (please check all that apply):  
\_\_\_NONE \_\_\_OCCUPATIONAL THERAPY \_\_\_SPEECH  
\_\_\_EARLY INTERVENTION \_\_\_OTHER: \_\_\_\_\_

HAS YOUR CHILD ATTENDED A PREVIOUS : \_\_\_DAYCARE \_\_\_CHILDCARE \_\_\_PRESCHOOL  
WHAT IS THE NAME OF SERVICE \_\_\_\_\_

IS YOUR CHILD POTTY TRAINED? \_\_\_YES \_\_\_NO  
IF NO, HAVE THEY BEGUN POTTY TRAINING? \_\_\_YES \_\_\_NO WEARING PULLUPS? \_\_\_YES \_\_\_NO

YOUR CHILD'S IMMUNIZATION ***MUST*** BE UP TO DATE BEFORE SCHOOL STARTS. \_\_\_\_\_YES

**\*\*YOU ARE REQUIRED TO BRING YOUR CHILD'S BIRTH CERTIFCATE, PHYSICAL FORM AND SHOT RECORD TO THE ORIENTATION.**

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 8, 2021. The class will meet Monday, Wednesday and Friday from 9:30 am to 12 noon and tuition will be \$120.00 per month. **A LATE FEE OF \$10 PER MONTH WILL BE ISSUED AFTER THE 5TH OF EACH MONTH PAYMENT IS LATE.** You will be notified of an Orientation session for children & parents prior to Preschool's opening.

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

How did you hear about us? \_\_\_ SOCIAL MEDIA/FACEBOOK \_\_\_ WEBSITE  
\_\_\_ GOOGLE SEARCH \_\_\_ FRIEND/FAMILY  
OTHER \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_.

DATE \_\_\_\_\_.

*{Date application received by Preschool \_\_\_\_\_ }*