VALLEY CENTER PRESCHOOL
FIRST UNITED METHODIST CHURCH
560 N. Park, Valley Center, KS 67147

Child's Name_____ Sex_____
First Middle Last
Name you prefer your child to be called_____

Date of Birth_____
Month Day Year
Home Address_____
Street City
_____
State Zip
Home Phone_____ Cell Phone_____

Best Way to contact_____

Phone # you want your child to learn at school_____

E-mail address_____

Father's Name _____

Place of Employment_____
Phone
Mother's Name_____

Place of Employment_____
Phone
If parents cannot be reached; persons to call in an emergency:
Name_____
Relationship to child Phone
Name_____
Relationship to child Phone

I WANT TO ENROLL MY CHILD IN THE FOLLOWING PRESCHOOL SESSION (Please indicate 1st and 2nd choice.):

3 Year Old Classes
____Mon-Wed AM
____Mon-Wed PM
____Tues-Thurs AM
____Tues-Thurs PM

4 & 5 Year Old Classes
_____Mon-Wed-Fri AM
_____Mon-Wed-Fri PM
_____Tues-Thurs AM
_____Tues-Thurs PM
_____Tues-Thurs AM (plus Fri AM)

TUITION
$80 per month – 2 sessions a week
$105 per month - 3 sessions a week

Date of Enrollment_____ $50 enrollment fee paid_____