

Enrolling in:

T/Th (3s)

M/W/F (4s)



For use by Membership:

Check #: _____

Enroll date: _____

Start date: _____

LDA: _____

Pleasant Valley Preschool (PVP)

APPLICATION FOR ADMISSION AND CHILD REGISTRATION

Make check payable to **Pleasant Valley Preschool** and return \$75 (\$65 for returning families) registration fee to Membership, PVP, PO Box 220092, Chantilly, VA 20153

Child's Name: _____ Sex: M F

Name to be called in school: _____ Birthday: _____

Address: _____ Subdivision: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Phone: _____ Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

Additional programs or schools Child attends or has attended:	Class or grade level (if applicable):	Dates of Attendance:

SOCIAL AND PROMOTIONAL PHOTOS/VIDEOS

Children enrolled in PVP programs may be photographed or videotaped during school-related activities for PVP social and promotional purposes unless a separate written request not to photograph or videotape is submitted to School.

I agree, in consideration of the enrollment of my child in PVP, to waive, for myself and my child, any and all claims against the Directors, Staff, Teachers, Parent Helpers and the landlord of the school premises for personal injury or other loss or damages that may arise out of the operation of the preschool. Nothing in this waiver shall be construed to bar any claim for intentional misconduct or gross negligence.

Parent: _____ Date: _____ Parent: _____ Date: _____

PROOF OF CHILD IDENTITY (Must be completed by Membership/school staff prior to child attending PVP)

Place of Birth: _____ DOB: _____ Birth Certificate #: _____ Date Issued: _____

Other Form of Proof: _____ Date Viewed: _____ Person Viewing Documentation: _____