Pleasant Valley Preschool

1990 Route 212
Quakertown, PA 18951
610-346-8262

www.pvpreschool.com
Board: pvpreschool@gmail.com
Teachers: pvpteachers@pvppreschool.com

Registration Form - 2025/2026 School Year

Child's Name: _____ M F (circle one) Date of Birth: _____
Address: _____
_____
School District in which child resides: _____

Please select a program: $35 Deposit Received: _____

_____ Preschool (3 Yr Old): T,Th
_____ Preschool (3 Yr Old): T,W,Th _____ PreK: M,W,F
_____ Preschool (3 Yr Old): M-F _____ PreK: M-F

Family Information:
Mother/Guardian Name: _____ Cell #: _____
Address (if different from above): _____
Email Address: _____
Father/Guardian Name: _____ Cell #: _____
Address (if different from above): _____
Email Address: _____
Siblings and ages: _____

Is there any person whom your child is protected from a court order: Yes _____ No _____
If yes, name of person: _____

Medical Background:
Allergies: _____
Does your child have a medical condition? _____
If yes, explain: _____
Is your child on medication? _____ If yes, what? _____

_____ _____
Date Parent or Guardian Signature

How did you hear about our Preschool Program? _____