

Green Valley Methodist
Preschool, Pre-K and Kindergarten
Registration Form
School Year: _____

Full Day or Half Day (Circle One – Preschool/Pre-K Only)

Student's Last Name: _____ First Name: _____

Student's Nick Name: _____

Student's Birth Date: _____ Sex: M _____ F _____

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

Street Address: _____

City: _____ Zip Code: _____

Cell number: _____

E-mail address: _____

The Green Valley Methodist Preschool & Kindergarten is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

The registration fee and first month's tuition are due upon registration and are non-refundable.

Office Use:

Date Received: _____

Check: _____ Cash: _____ Credit Card: _____ Amount Paid: _____

OFFICE USE ONLY

Student Records Worksheet

Student's Name

Teacher

_____ Student Information Form

_____ Health Statement

_____ Copy of birth certificate (Kindergarten Only)

_____ Pest control notification

_____ Immunization records

_____ NRS 432A.178

_____ Contract/Permission to release information Y / N

_____ Permission to use photographs Y / N

_____ Registration Fee

_____ Curriculum Fee (Kindergarten Only)

_____ September Tuition

_____ Full Day or Half Day (Circle One – Preschool/Pre-K Only)

_____ Allergies Y / N To what? _____

Comments: _____
