Sun VAlley Preschool
Enrollment Packet



2675 W Baseline Rd. Phoenix, Az 85041 | (602) 692.4914 | Sunvalleyacademy.org

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Preschool Statement of Services
* Preschool Enrollment Agreement
* Emergency Information and Immunization Record Card (2 Sided)
* Original Birth Certificate (Office will make Copy)
* Original Immunization Record (Office will make Copy)
* Signed Student Media Release
* Best Care Form
* Registration Fee Paid
* First Week of Tuition Paid

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| Office Use Only |
| Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Packet Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Entered in PS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Withdrawn Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Withdrawn Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Entered OR/Excel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Sun VAlley Preschool
Enrollment Packet



1515 N 117th Ave. Avondale, Az 85392 | (623) 600. 7660 | Sunvalleyacademy.org

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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