



DEER VALLEY
Unified School District

20402 N. 15th Ave.
Phoenix, AZ 85027
623.445.5000 Phone
623.445.5086 Fax
www.dvUSD.org

Developmental Preschool Interest Form

School: _____

Teacher: _____

Child's Name: _____

Child's Date of Birth: _____ Gender: M or F

Parent's Name: _____ District Employee: Y or N

Home Address: _____

Phone: _____

Parent's email address: _____

I prefer my child attends the following class: **(Circle all that apply)**

AM or PM Class 3 days or 4 days M T W TH

Monthly tuition for the 20/21 school year is \$175 for four days and \$140 for three days. A non-refundable **\$25 application fee** required to add to the typical peer enrollment list. Make checks payable to **DVUSD**.

Amount Paid: _____ **Check #:** _____

Students must be 4 years old by December 31st of the enrolled school year. If there is a spot available, a child may be given an early entry. These students will be notified in August if they have a class assignment.

Return this form with application fee to Developmental Preschool Teacher.

Office Use Only:

Date form turned in: _____

Letter Date: _____

Number on the list: _____

Class Assignment: _____

Date Notified: _____

Teacher: Please return this form with deposit slip and parent contract.

Typical peer begins _____

Waitlist: _____

Date

Date

SUPERINTENDENT
Curtis Finch, PhD

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