

Story Place Preschool, Inc.

80 Scott Ave.
Castleton, NY 12033
477-7103

SCHOOL YEAR 2015-2016 BEFORE/AFTER CARE REGISTRATION FORM

CHILD INFORMATION:

Last Name: _____ First Name: _____

Nick name: _____ Telephone: _____

Start Date: _____ AM: _____ PM: _____ Full Day

My child will attend: (Please Circle Session)

Session I: (Tuesday, Thursday) **Session II:** (Monday, Wed, Friday) **Session III:** (Monday through Friday)

Classroom: _____

Address: _____ Apt. _____
Street
_____ State: _____ Zip: _____
City

Date of Birth: _____ Date of Last Medical Exam: _____

Allergies:(Please be specific): _____ Pediatrician _____

Developmental Concerns: _____

PARENT INFORMATION:

Mother

Last Name: _____ First Name: _____

Father

Last Name: _____ First Name: _____

Indicate if different than the child Telephone: _____

Address: _____ Apt. _____
Street
_____ State: _____ Zip: _____
City

EMERGENCY INFORMATION:

Mother- Daytime Location Mother-Daytime Phone Pager or Cell Phone

Father-Daytime Location Father-Daytime Phone Pager or Cell Phone

Emergency Contact Person Relationship to Child Telephone

PRESCHOOL RATES

Monthly Rates: Before Care/After Care		
5 days	\$125	\$225
3 days	\$90	\$185
2 days	\$70	\$160