Story Place Preschool, Inc.

1477 South Schodack Rd.
Castleton, NY 12033
(518)477-7103

PRESCHOOL 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

Tuition Fee :. _____(monthly)
Materials/Registration Fee: $120 (annual)