

Story Place Preschool, Inc.

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

TODDLER 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: _____ Cell Phone _____

Father

Last Name: _____ First Name: _____ Cell Phone _____

EMERGENCY INFORMATION:

| Emergency Contact Person | Relationship to Child | Telephone |
|--------------------------|-----------------------|-----------|
|--------------------------|-----------------------|-----------|

Tuition Fee : _____(monthly)

Materials/Registration Fee: \$120 (annual)

Total Amount: _____