

# Story Place Preschool, Inc.

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

## TODDLER REGISTRATION FORM SCHOOL YEAR 2015-2016

### 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: \_\_\_\_\_

FULL DAY OPTION (DISCOUNTED RATE)

BEFORE/AFTER CARE

TODDLER RATES

7:00-5:30	Monthly Rates	Monthly Rates	Before/After
5 days	\$1060	5 days	\$175/\$560
3 days	\$800	3 days	\$125/\$435
2 days	\$665	2 days	\$95/\$355

Monthly Rates:	2.5 hours/day
5 days	\$350
3 days	\$275
2 days	\$250