



St. Stephen's Pre-K Academy

16 Elsmere Avenue  
Delmar, NY 12054  
Office: (518) 439-7425

Registration Form 2022-2023 School Year

Today's Date \_\_\_\_\_

Class Session Preference (Please circle one) 3 year old 3-5 days 9:20-12:20  
4 year old 3-5 days 9:30-12:30

(Please circle days) M T W TH F

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
(We follow the 12/1 cutoff date)

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone # \_\_\_\_\_ / Mobile # \_\_\_\_\_

Email Address \_\_\_\_\_

Parent Names \_\_\_\_\_ / \_\_\_\_\_  
(Please indicate if the last name is different than the child's)

Authorized People for Pick Up

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

Other important information pertaining to your child:

Parent's Signature \_\_\_\_\_

Please return registration form with **\$100 non-refundable** activity fee to:

St. Stephen's Pre-K Academy  
16 Elsmere Avenue  
Delmar, NY 12054  
Attn: Preschool Director ~ Karen Olewnick

Office Use Only  
Date Received \_\_\_\_\_  
Check # \_\_\_\_\_