St. Stephen's Pre-K Academy

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

# Registration Form 2024-2025 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 $125 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 # _____