



St. Stephen's Pre-K Academy

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

Registration Form 2025-2026 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 _____
 (We follow the 12/1 cutoff date)

Gender _____

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 # _____