



St. Stephen's Pre-K Academy

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

## Registration Form 2019-2020 School Year

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

Class Session Preference (Please circle one)      3 year old 2-5 days 9:20-12:20

4 year old 2-5 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 \$60 non-refundable activity fee to:

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

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