



St. Stephen's Pre-K Academy

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

Registration Form 2018-2019 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 _____

Mother's Name _____ / Father's Name _____
(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