

Stow Alliance Preschool Registration Application 2019-2020

Child's Name _____ Name used _____

Birthdate _____ Present age _____ Gender: Male / Female
(Month) (Day) (Year)

Address _____
(Street) (City) (Zip)

Parents are: _____ married _____ widowed _____ single _____ divorced _____ other

Father's Name _____ Home Phone _____

Father's Address _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Home Phone _____

Mother's Address _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

Email Address _____

Other family members and ages _____

Allergies or physical problems of which the teacher should be aware _____

Indicate Class Choice - Please choose two in the event class fills. Use line provided to indicate preference.

	Class Age	Days	Time
Class Choice 1:	_____	_____	_____

Class Choice 2:	_____	_____	_____
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How did you hear about our program? _____

Parent/Guardian signature _____ Date _____

Office Use Only:

Registration Fee \$50: Date received _____ Check # _____ Amount _____

_____ Class Assigned: _____

_____ Tuition Amount: _____