

## Stow Alliance Preschool Registration Application 2021-22

Child's Name \_\_\_\_\_ Name used \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Present age \_\_\_\_\_ Gender: Male / Female

Address \_\_\_\_\_

Parents are: \_\_\_\_\_ married \_\_\_\_\_ widowed \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_ other

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Address (If Different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

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 lines provided to indicate preference.

	Pre-K or 3 Year old	2 , 3 or 4 days	AM or PM
1st Choice			
2nd Choice			

How did you hear about our program? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:  
 Registration Fee \$50: Date received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 \_\_\_\_\_ Class Assigned: \_\_\_\_\_