

# Stow Alliance Preschool Registration Application 2024-25

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

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Father's Name \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_

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

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

Mother's Name \_\_\_\_\_

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 \_\_\_\_\_