

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 _____