

## Stow Alliance Preschool Registration Application 2023-24

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
<b>Example</b>	<i>Pre-k</i>	<i>3 day</i>	<i>PM</i>
<b>1st Choice</b>			
<b>2nd Choice</b>			

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

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

Office Use Only:

Registration Fee \$50:

Date received \_\_\_\_\_

Check # or CASH \_\_\_\_\_

Amount \_\_\_\_\_