

STONERIDGE PRESCHOOL REGISTRATION FORM

Date: _____, 20____

Name of Child: _____ Nickname: _____

Email Address: _____

Address: _____

Date of Birth: _____ Home Phone Number: _____

_____ 2-Day program (3 year old) _____ 3-Day program (4/5 year old)

Father: _____ Occupation: _____

Business/Cell Phone: _____

Mother: _____ Occupation: _____

Business/Cell Phone: _____

If Parents are employed, who cares for child? _____

Address: _____ Phone Contact: _____

Name and ages of brothers and sisters: _____

Church Affiliation: _____

Has this child attended a preschool previously? _____

Details (where, when, etc.) _____

In case of emergency contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

The following people have permission to pick up and transport my child:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

This form and a registration fee of \$35.00 should be returned to:

Stoneridge Preschool 811 Dressel Road Allison Park, PA 15101 Phone: 412-486-7778

This registration fee is non-refundable. It includes administrative costs, insurance, and holds your child's place in class. Checks should be made payable to: STONERIDGE PRESCHOOL.