



St. Stephen's Preschool Registration 2017-2018

St. Stephen's Preschool, 67 W. Washington Ave., Bethlehem, PA 18018-2433

www.preschoolststephens.org ... ststephenspreschool@ptd.net

Maria Bevan, Preschool Director 610-865-1435

For what class are you registering?

- _____ 2 yr old 2 day PM: Tue/Thu 12:00-2:00
- _____ 3 yr old 2 day AM: Tue/Thu 9:00-11:30
- _____ 3 yr old 3 day AM: Mon/Wed/Fri 9:00-11:30
- _____ 4 yr old 2 day AM: Tue/Thu 9:00-11:30
- _____ 4 yr old 3 day AM: Mon/Wed/Fri 9:00-11:30
- _____ 4 yr old 3 day PM: Mon/Wed/Fri 12:30-3:00
- _____ 4 yr old 5 day AM: Mon/Tue/Wed/Thu/Fri 9:00-11:30

How do you intend to pay the tuition?

Pay in Full	3 installments	9 (monthly) installments
_____ \$1,200	_____ \$400	_____ \$134
_____ \$1,200	_____ \$400	_____ \$134
_____ \$1,500	_____ \$500	_____ \$167
_____ \$1,200	_____ \$400	_____ \$134
_____ \$1,500	_____ \$500	_____ \$167
_____ \$1,500	_____ \$500	_____ \$167
_____ \$2,300	_____ \$767	_____ \$256

Extended Care Options

- _____ Morning: 8:00am-9:00am \$3/day
- _____ Lunch: 11:30am-12:30pm \$3/day
- _____ Afternoon: 12:30pm-5:00pm \$6/hr/day

Checking an option indicates you want to use Extended Care for the time period(s) selected. The Preschool Director will contact you to make specific arrangements.

Student's Name _____

Parent/Legal Guardian _____

Gender _____ Birthday _____

Contact Phone _____

Allergies _____ Yes _____ No

Contact Email _____

If yes, please list:

Occupation _____

Employer _____

Medical/Emotional Issues _____ Yes _____ No

Parent/Legal Guardian _____

If yes, please list:

Contact Phone _____

Contact Email _____

Occupation _____

Employer _____

Mailing Address _____

Emergency Contact (other than a parent/guardian)

Name _____

Contact Phone _____

Relationship to Child _____

People authorized to drop off and/or pick up your child:

Siblings – include name and age

#1 _____

#2 _____

How was St. Stephen's Preschool referred to you? _____

Please print, sign, date and mail the form with the \$50 non-refundable registration fee to the address above.

Signature of Parent/Legal Guardian _____ Date _____