



# Preschool Registration 2023-2024

**St. Stephen's Preschool**  
67 West Washington Ave.  
Bethlehem, PA 18018-2433  
610.865.1435 ★ [ststephenspreschool@ptd.net](mailto:ststephenspreschool@ptd.net)  
[www.preschoolststephens.org](http://www.preschoolststephens.org)



## For what class are you registering?

- \_\_\_\_\_ 2 yr old 2 day: Tue/Thu, 9:15am-11:15am  
\_\_\_\_\_ 3 yr old 2 day: Tue/Thu, 9:00am-11:30am  
\_\_\_\_\_ 3 yr old 3 day: Mon/Wed/Fri, 9:00am-11:30am  
\_\_\_\_\_ 4 yr old 2 day: Tue/Thu, 9:00am-11:30am  
\_\_\_\_\_ 4 yr old 3 day: Mon/Wed/Fri, 9:00am-11:30am  
\_\_\_\_\_ 4 yr old 5 day: Mon/Tue/Wed/Thu/Fri, 9:00am-11:30am  
\_\_\_\_\_ 5 yr old 5 day: Mon/Tue/Wed/Thu/Fri, 9:00am-1:00pm

## How do you intend to pay the tuition?

Pay in Full	3 installments	9 (monthly) installments
_____ \$1,375	_____ \$458	_____ \$153
_____ \$1,425	_____ \$475	_____ \$158
_____ \$1,775	_____ \$592	_____ \$197
_____ \$1,425	_____ \$475	_____ \$158
_____ \$1,775	_____ \$592	_____ \$197
_____ \$2,600	_____ \$866	_____ \$288
_____ \$3,205	_____ \$1,068	_____ \$356

## Extended Care Options

- \_\_\_\_\_ Morning: 8:00am-9:00am \$5/day  
\_\_\_\_\_ Lunch: 11:30am-12:30pm \$5/day  
\_\_\_\_\_ Afternoon: available upon request

*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** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Allergies** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please list:*

\_\_\_\_\_  
\_\_\_\_\_

**Medical Issues** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please list:*

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Emergency Contact (other than a parent/guardian)**

**Name** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

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

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Siblings – include name and age**

\_\_\_\_\_  
\_\_\_\_\_

**How was St. Stephen's Preschool referred to you?** \_\_\_\_\_

**Please sign, date, and mail the form with the \$60 non-refundable registration fee to the address above.**

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_