

Story Place Preschool, Inc.

1477 South Schodack Rd.
Castleton, NY 12033
(518)477-7103

UNIVERSAL PRE-K APPLICATION FORM SCHOOL YEAR 2024-2025

CHILD INFORMATION:

Last Name: _____ First Name: _____

Nick name: _____ Telephone: _____

Address: _____ Apt. _____
 Street
 City State: _____ Zip: _____

Date of Birth: _____ Date of Last Medical Exam: _____

Allergies:(Please be specific): _____ Pediatrician _____

Developmental Concerns: _____

PARENT INFORMATION:

Parent #1

Last Name: _____ First Name: _____

Parent #2

Last Name: _____ First Name: _____

Indicate if different than the child Telephone: _____

Address: _____ Apt. _____
 Street
 City State: _____ Zip: _____

Please circle and attach copies of 3 proofs of address brought to appointment:

- A current, signed residential lease agreement for property within the Schodack CSD
- A current home mortgage document or other proof of ownership of residential property within the Schodack CSD
- A signed statement from a landlord or other property owner where you live stating that you reside within the Schodack CSD
- A sworn statement from someone who has first-hand knowledge that your child's residency is within the Schodack CSD
- A current pay stub showing your home address
- Your most current income tax return
- A current utility bill
- Documents issued by the Federal, State, or Local Government (such as a voter registration card, a driver's license, a passport, a visa, Department of Social Services identification card, etc.)