

# Story Place Preschool, Inc.

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

## UNIVERSAL PRE-K APPLICATION FORM SCHOOL YEAR 2025-2026

### **CHILD INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Nick name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
                                Street  
                                \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
                                City

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  
                                \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
                                City

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.)