Story Place Preschool, Inc.

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

UNIVERSAL PRE-K APPLICATION FORM
SCHOOL YEAR 2026-2027

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 bring an original Birth Certificate for your child to the lottery enrollment appointment

Please circle and attach copies of 3 proofs of address brought to your 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.)