



Preschool Registration 2025-2026

St. Stephen's Preschool

67 West Washington Ave.

Bethlehem, PA 18018-2433

610.865.1435 ★ ststephenspreschool@ptd.net

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
_____ \$1,425	_____ \$475	_____ \$158
_____ \$1,500	_____ \$500	_____ \$167
_____ \$1,850	_____ \$617	_____ \$206
_____ \$1,500	_____ \$500	_____ \$167
_____ \$1,850	_____ \$617	_____ \$206
_____ \$2,675	_____ \$892	_____ \$297
_____ \$3,280	_____ \$1,093	_____ \$364

Extended Care Options

- _____ Morning: 8:00am-9:00am \$6/day
- _____ Lunch: 11:30am-12:30pm \$6/day
- _____ Afternoon: available upon request(\$6/hour)

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 Issues _____ Yes _____ No

Parent/Legal Guardian _____

If yes, please list:

Contact Phone _____

Contact Email _____

Mailing Address

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:

Siblings – include name and age

#1 _____

#2 _____

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** _____