

STERLING HOUSE COMMUNITY CENTER 2283 Main St. Stratford CT 06615

Child's Name _____ Home Telephone _____

Address: _____ Town/City _____ State _____ Zip _____

Child's Birthday _____ Sex: M_F _____ Ethnic Background: W__B__H__O__

HOUSEHOLD INCOME: PLEASE CHECK ONE:

A: Under \$10,000 ___ B: \$10,000-\$20,000 ___ C: \$21,000-\$40,000 ___ D: Over \$40,000 ___

Person to contact in case of emergency OTHER THAN PARENT:

Name _____ Relationship _____ Telephone _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Town/Zip _____ Town/Zip _____

Employer _____ Employer _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Email: _____ Email: _____

Other children in family:

Name & Age: _____ Name & Age: _____

Name & Age: _____ Name & Age: _____

Comments regarding child (behavior, habits, etc). _____

I agree to make monthly payments in advance for my child's tuition at Sterling Pre-School.

WALKING TRIP PERMISSION:

As part of the activities of Sterling House Pre-School, walking trips to various locations in the community may be scheduled during the year. Please sign below giving your child permission to participate in this activity. Thank you.

Date _____

Signature of Parent/Guardian _____

PHOTO RELEASE: I give permission to have photos of my child to be used by Sterling House

Community Center for marketing purposes. _____

Signature of Parent/Guardian _____

Signature, and date of person legally responsible for the above named child.

Membership Expires	Registration Fee \$75.00	Date Paid	Receipt #	Staff initials	Date of first class
	Membership \$15.00				
	Other				
	Total Paid \$				