St.Timothy's Pre-School

432 Van Buren Street
Herndon, VA 20170
703-437-4767
Pre-K Registration Form 2023-2024
sttimothyspreschool432@gmail.com

For Office Use		
Date rec'd	Reg Fee	
Start Date	Check #	
PF Sent	Pkt given	
Class	Wait List	

\$125 NON-REFUNDABLE REGISTRATION FEE DUE WITH THIS FORM (\$100 each additional child) Fees are for Regular Hours = 8:45 - 12:00

Please Indicate Your Top Choice For Classes:

Pre-K Classes (Children born by 9/30/2020. Must be able to use toilet independently)

4 Day T-F \$465 per Month		5 Day M-F \$530 per Month		
Check any that apply: New Returning Child	Alumni Famil	ily St.Timothy's Church Member		
Child's Name		Girl Boy		
Last	First	Middle		
Name to be called at school	Da	ate of Birth		
Street Address		City, State and Zip		
Father's Name Mother		her's Name		
Father's Address (if Different from Above) Mother's Address (if D		lother's Address (if Different from Above)		
Name of Employer Name of		me of Employer		
Cell Phone		Cell Phone		
Work Phone		Work phone		
Home Phone		Home Phone		
Email Address Em		Email Address		
Food Allergies/Restrictions	d Allergies/Restrictions Epipen Required			
Is your child receiving or have they been ref	erred for any su	pplemental services (i.e. speech, OT, PT, vision)		
Does your child speak/understand English?		What language does your child speak at home?		
Previous school experience		Name of Program		
PLEASE REA	AD AND INITI	IAL EACH OF THE FOLLOWING:		
• •	-	are due on June 1, 2024 in order to guarantee my child's place in the 1 the 1st of each month, beginning on September 1, 2024		
I understand that the first tuition payment i is non-refundable after August 1, 2024.		24 is non-transferable (to another month or to another student) and		
I understand that the first tuition payment i child by August 1, 2024.	s refundable ON	NLY if the school receives written notice of my intent to withdraw my		
Parent Signature		Date		