St.Timoth	ny's Pre-School				F Off:	11
	/an Buren Street			Date rec'd	For Office	Reg Fee
Herndon, VA 20170 3 Yr Old Registration Form 2019-2020						Check #
						Pkt given
						Wait List
\$100 REGISTRAT	ION FEE DUE WITH THIS FORM					
Check any that apply:						
New	Returning Child					
Alumni Family	St.Timothy's Church Member					
					Boy	
			_ Middle		Girl	
Last	First					
Name to be called a	at school	Date of Birth				
Street Address						
City and ZIP						
Primary Phone						
Father's Name		Mother's Name _				
Place of Employment		Place of Employment				
Work phone		Work Phone				
Cell phone		Cell phone				
Email Address		Email Address				
Food Allergies						
ls your child receivi	ing or have they been referred for a	ny supplemental se	ervices (i.e	. speech,	OT, PT,	vision)
Does your child spe	eak/understand English?	What language	does you	r child sp	eak at ho	ome?
	N: Indicate 1st, 2nd and 3rd choice, if carefully as changes after class assignm				f classes	are oversubscribed.
•	nildren born by 9/30/2016. Must be	able to use toilet in	ndepende	ntly - NO	PULL UF	PS)
2 Day T/TH						
3 Day M/W						
5 Day M/T/\	V/Th/F					
St. Timothy's Pre-S	chool reserves the right to alter this	schedule based on	enrollme	nt demar	nd.	