

# St. Timothy's Pre-School

432 Van Buren Street  
Herndon, VA 20170  
703-437-4767  
3 Yr Old Registration Form 2020-2021  
sttimothypreschool432@gmail.com

*For Office Use Only*

Date rec'd \_\_\_\_\_ Reg Fee \_\_\_\_\_  
Start Date \_\_\_\_\_ Check # \_\_\_\_\_  
PF Sent \_\_\_\_\_ Pkt Given \_\_\_\_\_  
Class \_\_\_\_\_ Wait List \_\_\_\_\_

**NON-REFUNDABLE \$100 REGISTRATION FEE DUE WITH THIS FORM (\$75 FOR EACH ADD'L CHILD)**

*Check any that apply:*

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Alumni Family \_\_\_\_\_ St. Timothy's Church Member \_\_\_\_\_

Child's Name: \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_  
Last First

Name to be called at school: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Name (if different from above): \_\_\_\_\_ Mother's Address ((if different from above): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Food Allergies/Restrictions: \_\_\_\_\_ EpiPen Required: \_\_\_\_\_

Is your child receiving or have they been referred for any supplemental services (i.e.; speech, OT, PT, vision): \_\_\_\_\_

Does your child speak/understand English? \_\_\_\_\_ What language does he/she speak at home? \_\_\_\_\_

Previous school experience: \_\_\_\_\_ Name of Program: \_\_\_\_\_

**3 Yr Old Classes (Children born by 9/30/2017. Must be able to use the toilet independently.)**

\_\_\_ 2 Day T/Th \_\_\_ 3 Day M/W/F \_\_\_ 3 Day T/Th/F \_\_\_ 5 Day M/T/W/Th/F

I understand that the \$100 registration fee is non-refundable. \_\_\_\_\_ (initial)

I understand that the first tuition payment and activity fee are due on June 1, 2020 in order to guarantee my child's place in the program.  
\_\_\_\_\_ (initial)

I understand that the first tuition payment is refundable ONLY if the school receives written notice of my intent to withdraw my child by August 1, 2020, and that the remaining 8 payments will be paid on the 1st of each month, beginning on September 1, 2020. \_\_\_\_\_ (initial)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_