St.Timothy's Pre-School

432 Van Buren Street
Herndon, VA 20170
703-437-4767
3 Year Old Registration Form
2021-2022

Parent Signature ___

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

\$100 NON-REFUNDABLE REGISTRATION FEE DUE WITH THIS FORM (\$75 each additional child)

Please Indicate Your Top Two Choices For Classes:

3 Day M/W/F \$340 per Month 4 Day T-F \$400 per Month					
Check any that apply: New Returning Child	Alumni Family	St.Timothy's Church Member			
Child's Name			Воу		
Last	First	Middle			
Name to be called at school	Date of E	lirth			
Street Address		City, State and Zip			
Father's Name	Mother's	Mother's Name			
Father's Address (if Different from Above)	Mother's	Mother's Address (if Different from Above)			
Name of Employer	Name of	Name of Employer			
Work phone	Work Ph	Work Phone			
Cell phone	Cell phor	Cell phone			
Email Address	Email Ad	Email Address			
Food Allergies/Restrictions	Epipen Required				
Is your child receiving or have they been re	eferred for any supplem	ental services (i.e. speech, OT, PT, vis	ion)		
Does your child speak/understand English	child speak/understand English? What language does your child speak at home?				
Previous school experience	Name o	Name of Program			
PLEASE RE	EAD AND INITIAL E	ACH OF THE FOLLOWING:			
understand that the \$100 registration fee	is non-refundable				
I understand that the first tuition payment program	and activity fee are due	e on June 1, 2021 in order to guarante	ee my child's place in the		
I understand that this payment is refundab August 1, 2021, and that the remaining 8 p			•		

Date ___