

# St. Timothy's Pre-School

432 Van Buren Street  
Herndon, VA 20170  
703-437-4767

2 1/2 Yr Old Registration Form 2022-2023  
[sttimothypreschool432@gmail.com](mailto:sttimothypreschool432@gmail.com)

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)**

**Fee are for Regular Hours = 8:45-12:00**

**2 1/2 Yr Old Class (Children 2 1/2 by 9/01/2022. Must be in the process of toilet training)**

\_\_\_\_\_ 2 Day T/TH \$270 per Month

\_\_\_\_\_ 3 Day M/W/F \$360 per Month

\_\_\_\_\_ 3 Day T/TH/F \$360 per Month

\_\_\_\_\_ 4 Day T-F \$410 per Month

\_\_\_\_\_ 5 Day M-F \$485 per Month

*Check any that apply:*

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

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

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

Street Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

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

Father's Address (if Different from Above) \_\_\_\_\_ Mother's Address (if Different from Above) \_\_\_\_\_

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

Cell phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home phone \_\_\_\_\_ Home 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 your child speak at home? \_\_\_\_\_

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

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

I understand that the first tuition payment and activity fee are due on June 1, 2022 in order to guarantee my child's place in the

I understand that this payment is refundable ONLY if the school receives written notice of my intent to withdraw my child by August 1, 2022, and that the remaining 8 payments will be paid on the 1st of each month, beginning on September 1, 2022.

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