

# St. Timothy's Pre-School

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

2 1/2 Yr Old Registration Form 2023-2024

[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)

Fees are for Regular Hours = 8:45-12:00

**Please Indicate Your Top Two Choices For Classes:**

**2 1/2 Yr Old Classes (Children 2 1/2 by 9/01/2023. Must be in the process of toilet training.)**

\_\_\_\_\_ 2 Day T/Th \$280 per Month      \_\_\_\_\_ 3 Day M/W/F \$390 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 \_\_\_\_\_

## PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

I understand that the first tuition payment is due on June 1, 2023 is non-refundable and non-transferable. \_\_\_\_\_

I understand that the first tuition payment and activity fee are due on June 1, 2023 in order to guarantee my child's place in the program. \_\_\_\_\_

I understand that this payment is refundable ONLY if the school receives written notice of my intent to withdraw my child by August 1, 2023, and that the remaining 8 payments will be paid on the 1st of each month, beginning on September 1, 2023.

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