

# St. Timothy's Pre-School

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

**\$125 NON-REFUNDABLE REGISTRATION FEE DUE WITH THIS FORM** (\$100 each additional child)

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

Please Indicate Your Top Choice For Classes:

**2 ½ Yr Old Classes (Children born by 3/1/2022. Must be in the process of toilet training.)**

\_\_\_\_\_ 2 Day T/Th \$325 per Month                      \_\_\_\_\_ 3 Day M/W/F \$415 per Month  
\_\_\_\_\_ 4 Day T-F \$480 per Month                      \_\_\_\_\_ 5 Day M-F \$540 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 and activity fee are due on June 1, 2024 in order to guarantee my child's place in the program, and that the remaining 8 payments will be paid on the 1st of each month, beginning on September 1, 2024. \_\_\_\_\_

I understand that the first tuition payment is due June 1, 2024 is non-transferable (to another month or to another student) and is non-refundable after August 1, 2024. \_\_\_\_\_

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, 2024. \_\_\_\_\_

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