St.Timothy's Pre-School

432 Van Buren Street Herndon, VA 20170 703-437-4767 Pre-K Registration Form 2023-2024 sttimothyspreschool432@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:

| 31 | - | | - | 1. Must be fully pott | • | |
|--|--|---------------|--|--|---|--|
| | 2 Day T/Th \$300 per Month 4 Day T-F \$465 per Month | | | 3 Day M/W/F \$400 per Month 5 Day M-F \$530 per Month | | |
| Check any that apply: New | Returning Child | | amily | St.Timothy's Church Member | | |
| Child's Name | | | | Girl _ | Boy | |
| Last | | First | | Middle | | |
| Name to be called a | at school | | _ Date of Birth | | _ | |
| Street Address | | | City, | State and Zip | | |
| Father's Name | | | _ Mother's Name | e | | |
| 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 receivi | ng or have they been ref | erred for any | supplemental s | ervices (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 REA | AD AND IN | IITIAL EACH (| OF THE FOLLOWING: | | |
| | • • | - | | ne 1, 2024 in order to guar ach month, beginning on S | rantee my child's place in the eptember 1, 2024 | |
| | ne first tuition payment i fter August 1, 2024 | = | 2024 is non-trar | nsferable (to another mon | th or to another student) and | |
| I understand that th child by August 1, 2 | | s refundable | ONLY if the scho | ool receives written notice | of my intent to withdraw my | |
| Parent Signature | | | Date _ | | _ | |
| | | | | | | |