

# St. Timothy's Pre-School

432 Van Buren Street  
 Herndon, VA 20170  
 703-437-4767  
 3 Year Old Registration Form 2025-2026  
[sttimothyspreschool432@gmail.com](mailto: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)**  
**3 Yr Old Classes (Children born by 9/30/2022. Must be fully potty-trained.)**

**Please Indicate Your Top Choice For Classes:**

Morning Program (8:45AM - 12:00 PM)
_____ 2 Day T/Th \$310 per Month
_____ 3 Day M/W/F \$410 per Month
_____ 4 Day T-F \$475 per Month
_____ 5 Day M-F \$540 per Month

Morning Program + STAC (8:45 AM - 4:00 PM)
_____ 4 Day T-F \$960 per Month
_____ 5 Day M-F \$1,100 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, 2025 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, 2025. \_\_\_\_\_

I understand that the first tuition payment (due June 1, 2025) is non-transferable (to another month or to another student) and is non-refundable after August 1, 2025.

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, 2025. \_\_\_\_\_

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