

Date of Application _____
Number _____
Registration Fee Paid \$ _____

ST. TIMOTHY'S PRE-SCHOOL APPLICATION

Class: 1st Choice _____
 2nd Choice _____

Child's Full Name _____ Preferred _____
Birth Date _____ Gender _____
Home Address _____
City, State, Zip _____
Home phone _____ Email _____
Father's Name _____ Cell Phone _____
Occupation _____ Work Phone _____
Mother's Name _____ Cell Phone _____
Occupation _____ Work Phone _____
Siblings Names and Ages _____

Emergency Contact: Please list a local emergency contact person, in case mother or father cannot be reached in an emergency.

Name _____ Phone _____
Relationship to Child _____

Medical Release: If my child needs emergency treatment and I cannot be contacted, I give my permission for St. Timothy's staff to seek medical attention and for the emergency room doctor to do whatever is necessary until I can be reached.

Allergies? Yes No if yes, to what? _____

Signature of Parent _____ Date: _____

**** At the time of your acceptance into the preschool program, a non-refundable deposit is required in the amount of one month's tuition.**