

T P C E G P

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

ST. TIMOTHY'S PRESCHOOL APPLICATION

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

Class: 1st Choice _____ 2nd Choice _____

Child's Full Name _____ Preferred _____

Birth Date _____ Gender _____

Home Address _____

City, State, Zip _____

Home phone _____ Email _____

Parent's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Siblings Names and Ages _____

Emergency Contact: Please list a local emergency contact person, in case neither parent can 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: _____

Do you have a church home? Yes No

If no, would you like to receive correspondence from St. Timothy's Church? Yes No