

St. Timothy's Preschool
2094 Grant Road
Mountain View, CA 94040
(650) 967-4724

This is the Registration Form for St. Timothy's Preschool. Please fill out this form and return it with the Registration, Enrollment and Insurance fees. These fees hold a place for your child in this class.

The Registration fee is the pre-payment of June's monthly tuition. The Enrollment fee is a processing fee. The Insurance fee covers your child during Preschool hours. **All fees are non-refundable.**

REGISTRATION FORM FOR ST. TIMOTHY'S PRESCHOOL

Child's Name _____ Birthdate _____

Child's Nickname _____

Please enroll my child in the: Monthly Tuition

- | | |
|--|-------|
| <input type="checkbox"/> Tuesday-Thursday A.M. 3s class | \$285 |
| <input type="checkbox"/> Monday-Wednesday-Friday A.M. Pre-K 4s class | \$385 |
| <input type="checkbox"/> Tuesday-Thursday P.M. Pre-K 4s class | \$285 |
| <input type="checkbox"/> 5 day Pre-K 4s class | \$650 |

Enclosed is:

Registration fee _____ (June's tuition prepaid)

Enrollment fee \$75

Insurance fee \$5

Total _____ **ALL FEES ARE NON-REFUNDABLE**

I have read the notes on financial matters, and I agree with these policies.

Date _____ Mother's and Father's Names _____

Parent's Signature _____

Address _____

Telephone () _____ Cell () _____

E-mail _____

OFFICE USE ONLY