



Application for Enrollment (Returning)
Saint Timothy's Noah's Ark Preschool
1550 Diablo Road, Danville, CA 94526
(925) 362-8565

Child's First Name _____ Middle Name _____ Last Name _____

Please tell us how your child's name tag should read:

_____ (First) _____ (Last)

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Sex of Child: _____ Home Phone No.: (925) _____

Residence Address: _____

Town/City: _____ Zip Code: _____

Mailing Address If Different From Above: _____

Parent's Name: _____ Parent's Name: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Family email address _____

Sibling Name: _____ Date of Birth: _____

Sibling Name: _____ Date of Birth: _____

Church Affiliation If Any: _____

Member of Saint Timothy's? Yes _____ No _____

Program Desired: _____ MWF _____ Pre-K

If you haven't made a definite decision about Kindergarten enrollment for Fall 2016, please indicate here _____

Parent's Signature _____ Date _____

For Office Use	School Year: 2016-2017	2017-2018	2019-2020
Date Admitted _____	May Tuition Check # _____		
Class Assigned:			
T/TH MWF PRE-K	Tuition Amount _____		