



Application for Enrollment (Sibling)
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: _____

Please return this application to the preschool. **Upon acceptance** of your child in the program there will be a one-time, non-refundable \$75.00 placement fee. (Please make checks payable to Saint Timothy's Noah's Ark Preschool).

Parent's Signature _____ Date _____

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