



St. Timothy Catholic Early Childhood Learning Center

2018/2019 APPLICATION FOR REGISTRATION

Parents Names:		
Address:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	Parish:	
Email address:		

Child's Name:	Boy or Girl	Date of Birth:
Is your child currently enrolled? _____ Class: _____ Sibling of child enrolled? _____		
Choose class: <input type="checkbox"/> EC3, 3 day class <input type="checkbox"/> EC3, 5 day class <input type="checkbox"/> EC2, two day class <input type="checkbox"/> PK4 (8:30-2:30) <input type="checkbox"/> PK4 (8:00-12:30)		

Child's Name	Boy or Girl	Date of Birth
Is this child currently enrolled? _____ Class: _____ Sibling of child enrolled? _____		
Choose class: <input type="checkbox"/> EC3, 3 day class <input type="checkbox"/> EC3, 5 day class <input type="checkbox"/> EC2, two day class <input type="checkbox"/> PK4 (8:30-2:30) <input type="checkbox"/> PK4 (8:00-12:30)		

Will you need extended care services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us what hours you will need care for. _____

FOR OFFICE USE ONLY	
Date Received: _____	Enrolled? Y N Class: _____
Waitlist for: _____	
Contact made: _____	