



St. Timothy Catholic Early Childhood Learning Center

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: Children must be class age by September 1st.		
<input type="checkbox"/> EC3A, 5 day class <input type="checkbox"/> EC3B, 3 day class <input type="checkbox"/> EC2, two day class <input type="checkbox"/> PK4A (8:30-2:30) <input type="checkbox"/> PK4B (8:00-12:30) <input type="checkbox"/> PK4C (12:45-4:30 p.m.)		

Child's Name	Boy or Girl	Date of Birth
Is this child currently enrolled? _____ Class: _____ Sibling of child enrolled? _____		
Choose class:		
<input type="checkbox"/> EC3A, 5 day class <input type="checkbox"/> EC3B, 3 day class <input type="checkbox"/> EC2, two day class <input type="checkbox"/> PK4 (8:30-2:30) <input type="checkbox"/> PK4B (8:00-12:30) <input type="checkbox"/> PK4C (12:45-4:30 p.m.)		
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. _____		
Do you have a child enrolled in Mother Teresa Catholic School? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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