Application for Enrollment (New Student)
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.: _____

Residence Address:_____

Town/City:_____Zip Code:_____

Mailing Address If Different From Above:_____

Parent's Name:_____Parent's Name:_____

Occupation_____Occupation_____

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_____

Previous Preschool Experience:_____

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 Noah's Ark Preschool).

Parent's Signature Date

For Office Use **School Year: 2019-2020 2020-2021 2021-2022**

Date Admitted_____Placement Fee Check #_____ May Tuition Check #_____
Class Assigned:
T/TH MWF PRE-K Tuition Amount: $ _____