ST. TIMOTHY LUTHERAN CHURCH PRESCHOOL
2025-26 REGISTRATION FORM

To register your child for the 2025-26 school year, please complete this form. A non-refundable registration fee of $40 per family is due with this form to reserve a place for your child. The May 2026 tuition payment for the class circled below and the student information form, medical form and release form are due by <u>May 15, 2025.</u> St. Timothy Preschool cannot reserve a place in a class for your child until the May 2026 payment has been received, provided there is still an available opening.

Please make checks payable to St. Timothy Lutheran Church and send the completed form and payment to St. Timothy Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA 17011. If you have any questions, please contact Becky Tartline at rtartline@verizon.net or 717-418-0676. Thank you!

1. **<u>Non-refundable Registration Fee of $40 per family (due with this form):</u>** _____
   (Write 0 if you have already paid this for another child).

2. **<u>May 2026 Tuition Payment</u> – (You may make this payment along with your** _____ **registration fee, or you may wait to make this payment. It is due NO LATER than 5/15/25 to hold your child's spot in the class). Please circle class below**:
   o Little Lambs (2 ½ year old class-Tues./Thurs.,10:00 AM-12:00 PM-$130/month)- <u>children must be born on or before 2/2/23 to enroll in this class</u>.
   o Panda Bears (3-year-old class – Tues./Thurs., 9:15-11:45 AM - $135/month)
   o Teddy Bears (3-year-old class – Mon./Wed./Fri., 9:15-11:45 AM - $160/month)
   o Lively Lions (4-year-old class – Mon. - Thurs., 9:45 AM -12:15 PM - $175/month)

3. **<u>10% Sibling Discount</u>** - subtract 10% from the monthly payment listed above for the second child if more than one child is attending nursery school: _____

4. **<u>Total Due</u>:** _____

_____   _____
Name of child   Male/Female

_____   _____
Child's date of birth   Child's age as of 9/1/25

_____   _____
Mother's Name   Cell Phone

_____   _____
Mother's Email   Mother's Work Phone

_____   _____
Father's Name   Cell Phone

_____   _____
Father's Email   Father's Work Phone

_____
Address (Street address, City, State and Zip Code)

_____   _____
Signature   Date

Date Payment Received: _____

Amount: _____   Check Number: _____