

St. Timothy School, 13809 Poplar Tree Road, Chantilly, VA 20151  
703-378-6932/703-378-9408/Fax: 703-378-1273  
E-mail: kkovac@sainttimothyschool.org

Dear Parents:

To avoid a late fee, please return this RE-REGISTRATION form ON/BEFORE FEBRUARY 2, 2010.

FAMILY NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ CURRENT CLASS \_\_\_\_\_ RETURNING-YES/NO/UNSURE(CIRCLE ONE)

CHILD'S NAME \_\_\_\_\_ CURRENT CLASS \_\_\_\_\_ RETURNING-YES/NO/UNSURE(CIRCLE ONE)

CHILD'S NAME \_\_\_\_\_ CURRENT CLASS \_\_\_\_\_ RETURNING-YES/NO/UNSURE(CIRCLE ONE)

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CHILD'S NAME \_\_\_\_\_ CURRENT CLASS \_\_\_\_\_ RETURNING-YES/NO/UNSURE(CIRCLE ONE)

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**NEW SIBLINGS**

Please send a Sibling Registration Form- PK YES \_\_\_\_\_ NO \_\_\_\_\_ K-8 YES \_\_\_\_\_ NO \_\_\_\_\_

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**PRESCHOOL**

PK-3 Request 2day AM \_\_\_\_\_ 3day AM \_\_\_\_\_ (Must be 3 by 9/30/10)

PK-4 Request 3day AM \_\_\_\_\_ 5day AM \_\_\_\_\_ 5day PM \_\_\_\_\_ (Must be 4 by 9/30/10)  
AM w/Extended Days 2 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE USE ONLY: REGISTRATION FEE \_\_\_\_\_ CHECK NO. \_\_\_\_\_ DATE \_\_\_\_\_ OFFICE STAFF \_\_\_\_\_