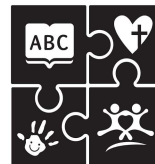


# REGISTRATION FORM

1 Thelma Ct Hudson, IA 50643  
319-988-3633 [preschool@sttimothyhudson.org](mailto:preschool@sttimothyhudson.org)  
All forms available on [Website](#)



ST. TIMOTHY LUTHERAN  
**PRESCHOOL  
& CHILDCARE**  
WE NURTURE THE MIND, BODY AND SPIRIT

## Child Information (please print legibly)

Complete one form per child

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name you prefer your child to be called \_\_\_\_\_

Date and Year of Birth \_\_\_\_\_ Gender M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies, dietary restrictions or special needs? Please describe.

(If food allergies, please complete **Diet Modification Request form**)

## Parent/Guardian Contact Information: Also complete Child Enrollment Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ALL FORMS AND \$100.00 FEE (non-refundable) MUST BE SUBMITTED TO COMPLETE REGISTRATION**

**Early Childhood Ages 18 months to 5 years** (5 years not yet attending Kindergarten)

- ☐ Child Enrollment Form
- ☐ Infant, Toddler, Preschool Health Form
  - o PARENT/GUARDIAN Page Only
- ☐ Iowa DPH Immunization Record
- ☐ Diet Modification Form (**If applicable**)

**School Aged Children:**

- ☐ Child Enrollment Form
- ☐ School-Age Health form
- ☐ Iowa DPH Immunization Record
- ☐ Diet Modification Form (**If applicable**)

Office Use Only: Date received: \_\_\_\_\_ by: \_\_\_\_\_ \$100 Registration Fee: Cash \_\_\_\_\_ Ck No: \_\_\_\_\_ ACH \_\_\_\_\_

# Early Childhood--Children 18 months to 5 years\*

\*5-year-olds not yet attending Kindergarten

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

**All 3-4-5-year-old children in attendance from 8:05a.m. to 11:05a.m will be enrolled in St. Timothy Preschool**

Do hours of care vary per week and/or day? Yes\_\_\_\_ No\_\_\_\_

❖ **If yes**, can you provide a childcare schedule 2 weeks in advance? Yes \_\_\_\_ No \_\_\_\_

❖ **DAYS and TIME** you need childcare:

|                                    |               |                 |
|------------------------------------|---------------|-----------------|
| <input type="checkbox"/> Monday    | Arrival _____ | Departure _____ |
| <input type="checkbox"/> Tuesday   | Arrival _____ | Departure _____ |
| <input type="checkbox"/> Wednesday | Arrival _____ | Departure _____ |
| <input type="checkbox"/> Thursday  | Arrival _____ | Departure _____ |
| <input type="checkbox"/> Friday    | Arrival _____ | Departure _____ |

**Estimated start date:** \_\_\_\_\_

Does this child nap? Yes\_\_\_\_ No \_\_\_\_ Approximately how long? \_\_\_\_\_

\*\*\*\*\*

## 4-year-old Preschool - DUAL ENROLLMENT

❖ **Hudson CSD** provides transportation to and from school

Is this child independently enrolled in the Hudson CSD preschool? Yes \_\_\_\_ No \_\_\_\_

- **If yes**, is your child enrolled in Hudson CSD preschool - Morning \_\_\_\_ **OR** Afternoon \_\_\_\_
- **If yes**, do you need childcare on Wednesday? Yes \_\_\_\_ No \_\_\_\_
  - **No Hudson CSD Preschool on Wednesday**

\*\*\*\*\*

## PRESCHOOL ONLY at St. Timothy (ages 3-4-5) – Half Day of care – 7:00 a.m. to 12:00 noon

Morning Preschool is from 8:05 a.m. to 11:05 a.m.

❖ **children must be potty trained**

Which days are you registering for? 5 days/week \_\_\_\_ 3 days/week M/W/F \_\_\_\_

# School Aged Care

CHILD'S FIRST AND LAST NAME: \_\_\_\_\_

## School-year Care – per Hudson CSD calendar

❖ Hudson CSD provides transportation between St. Timothy P&CC and Hudson CSD

Care for School year of: \_\_\_\_\_ Grade: \_\_\_\_\_

❖ Indicate your **preferred** location, but **Director** will make final determination

Please check **ALL** that apply:

☐ **Before School Care**

☐ St. Timothy P&CC

☐ Hudson CSD

☐ **After School Care** (includes Wed Early Out)

☐ St. Timothy P&CC

☐ Hudson CSD

☐ **No School Day Care** - No School Days/Late Start/Snow Day (30 spots only)

❖ Care provided at St. Timothy P&CC only

\*\*\*\*\*

## School-age Summer Care (June thru August)

Care for Summer of: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Child's T-Shirt Size: **SM M L XL**

Do hours of care vary per week and/or day? Yes \_\_\_\_\_ No \_\_\_\_\_

• **If yes**, are you able to provide a childcare schedule 2 weeks in advance? Yes \_\_\_\_\_ No \_\_\_\_\_

❖ **DAYS and TIME** you need childcare:

☐ Monday Arrival \_\_\_\_\_ Departure \_\_\_\_\_

☐ Tuesday Arrival \_\_\_\_\_ Departure \_\_\_\_\_

☐ Wednesday Arrival \_\_\_\_\_ Departure \_\_\_\_\_

☐ Thursday Arrival \_\_\_\_\_ Departure \_\_\_\_\_

☐ Friday Arrival \_\_\_\_\_ Departure \_\_\_\_\_