Child Development
CENTER
AT TIMBERLAKE

PRESCHOOL AGE
ENROLLMENT PACKET

AGES 2 - 5

21649 Timberlake Rd.
Lynchburg, VA. 24502
434.239.9132

Timberlakechurch.org/Child-Development-Center
Facebook: CDC at Timberlake - School Age

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CHILD DEVELOPMENT CENTER at Timberlake

21649 Timberlake Road | Lynchburg, Virginia 24502 | 434.239.9132
www.timberlakechurch.org/child-development-center/

Preschool Program

Ages 2 – 5

School Year Session and Summer Session

Director:
Kelly Shepherd, kelly.shepherd@timberlakechurch.org
Phone: 434.239.9132

Executive Director of Child Development Center
Christina Tilley, christina.tilley@timberlakechurch.org

Facebook Group: CDC at Timberlake – Preschool Age

Application Requirement List

Preschool Age Program

Child's Full Name _____

Name Child is Called _____

All applications must include the following:

___Completed Enrollment Packet
___Copy of Child's Birth Certificate
___Immunization Record
___Permissions Form
___Handbook Enrollment Form
___Registration Fee (New Families Only)
___ Ck ___ Cash
___Security Deposit
___Tuition Express Form (optional)
___Materials fee (Billed in August)

As needed:

___IEP
___Custody Papers
___Medication Authorization
___Other

FOR OFFICE USE ONLY

Form of Identity Verification:	
Child's Name:	Viewed By:
Place of Birth:	Date of Birth:
Birth Certificate Number:	Date Issued:
Mother's Name:	Father's Name:

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Child's Name _____ **DOB**_____ **Age** _____ **Gende**☐☐

Address _____**City** _____**Zip**_____

Name of previous childcare provider/school_____

Current childcare provider/school_____ **Grade Entering** _____

Mother's Information	**Father's Information**
Name	Name
Address	Address
Email	Email
Cell/Home# Work#	Cell/Home # Work#
Employer:	Employer:

Custody Papers ☐Yes ☐No **Custodial Parent**_____
Physical Custody_____ **Legal Custody**_____
If yes, must provide court documentation
Sibling Names & Ages_____

Emergency Contacts/Authorized Pick-Up Persons (other than parents or guardians)

Name	**Phone Number**	**Relationship**	**√ Emergency**	**√ Pick Up**
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐

Any chronic physical problems or developmental concerns _____
IEP No☐ Yes☐ If Yes please provide a copy.
Accommodations needed for your child? _____

List any known allergies or intolerances_____
Is the child regularly taking any medications? Please explain_____

Insurance Provider_____ **ID#** _____
Name of Policy Holder _____ **Relationship to Child** _____

Child's Physician _____ **Phone Number**_____
Child's Dentist _____ **Phone Number** _____

CDC will notify the parent(s)/guardian(s) whenever the child becomes ill, and the parent/guardian will arrange to have the child picked up **as soon as possible**. The parent/guardian authorizes the CDC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be contacted.

Signature of Father/Guardian _____ **Date**_____

Signature of Mother/Guardian _____ **Date**_____

Attendance Options, Tuition Rates, and Fees for Ages 2 – 5

PRESCHOOL AGE PROGRAM

August 10, 2026 – July 30, 2027

Child's Name _____ **Age as of September 30, 2026** _____

Non-Refundable Registration Fee of $100 is due with application (New families ONLY)

Security Deposit: $150 for the first child, $50 for each additional child; must be paid before the child's first day of attendance. This amount can be carried over between programs or applied to your child's final week of care upon withdrawal.

The Annual Materials fee of $150 is billed every August

	Classroom Age		
Full Time (7 am-5:30 pm)	**2 yrs**	**3 yrs**	**4 yrs**
5 days	☐ $205 Weekly	☐ $195 Weekly	☐ $185 Weekly
3 days (Mon, Wed, Fri)		☐ $165 Weekly	☐ $155 Weekly
2 days (Tues, Thurs)		☐ $140 Weekly	☐ $130 Weekly

School Year ONLY

Annual Materials fee of $75 is billed every August

Preschool Only Program (August 10, 2026 – May 28, 2027)	**Child Age**	
	3-Year-Old Class	**4-Year-Old Class**
5 days (9 am – 12 pm)	☐ $85 Weekly	☐ $75 Weekly

Sibling Discount: 10% tuition discount applied to the oldest sibling(s) (siblings must be attending the same days/weeks to receive the discount). Discount only applies to standard weekly tuition and does not include drop-in care (i.e., Director-Approved Extra Days, Fun Days, or Snow Days)

I would like to pay tuition ☐ Weekly ☐ In Full

I would like to have payment automatically drafted from my checking account (preferred) **or credit/debit card** ☐ Yes, ☐ No.

If yes, please complete the Tuition Express Form.

Cash or Check can be submitted by placing it in the drop box located just left of the Welcome Desk.

All Credit Card payments will have a 3.0% processing fee added.

Is the child fully potty-trained? ☐ Yes ☐ No. If no, please explain diapers, pull-ups, needs assistance, etc.

_____

I agree to enroll my child in the class checked above and to pay the tuition and fees listed. I understand that the Program Director must approve any changes in class enrollment.

Signature of Father/Guardian_____**Date**_____

Signature of Mother/Guardian_____**Date**_____

PERMISSION SLIPS FORM

Child's Name: _____

Please Initial

_____I give permission for certified staff to administer **First Aid and CPR** to my child.

_____I consent to the use of my child's **photographs/videos** in any material or promotions for Timberlake Child Development Center, such as closed Facebook Group, public Facebook Page, Newsletters, Hallway Art, Church Connections.
_____Not at this time

_____I authorize Timberlake Child Development Center personnel to apply, or remind older children to apply, the **sunscreen/insect repellent** to exposed skin areas. The parent/guardian is responsible for providing sunscreen (SPF of 15 or more) and insect repellent. Original containers must be clearly labeled with the child's name and used previously on your child with no adverse effects.

_____If applicable, I authorize Timberlake CDC personnel to apply **diaper cream as needed.** The parent/guardian is responsible for providing diaper cream. Original containers must be clearly labeled with the child's name and used previously on your child with no adverse effects.

_____I give permission for my child to participate in **developmental assessments** for internal use.

Please sign below to indicate that you have read this page and are giving the permissions as indicated above.

_____

Parent/Guardian's Signature **Date**