



Preliminary Application for Preschool Enrollment

Please return this form with a \$20 processing fee for your child to be placed on the waiting list.

Child's Name: _____ Birthdate: _____ Male ___ Female ___

Parent Name: _____ Parent Name: _____

Address _____

City & Zip: _____ Contact Email: _____

Home Phone: _____ Cell Phone: _____

Parent Occupation: _____ Place of Work: _____ Work Phone: _____

Parent Occupation: _____ Place of Work: _____ Work Phone: _____

When do you wish to enroll your child? _____

Enrollment

Young Toddlers: Ages 12-23 Months as of September 1st Full Day Only 7:15am-6:00pm

12 Month Program _____
(September– August)

Preschool: Ages 2-4 as of September 1st. Full Day Only 7:15a-6:00pm

12 Month Program _____
(September– August)

How did you learn about TCDN? _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

