



# 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: \_\_\_\_\_

