



2025-2026 School Age Application for Enrollment

Please return this form to place your child on the 2025-2026 Student Enrollment List. Completion of this form does not guarantee placement in a TCDN Program. You will receive email confirmation if your enrollment has been accepted.

PLEASE PRINT, ONE CHILD PER APPLICATION

Child's Name: _____ Birthdate: _____ Gender _____

Parent 1 Name: _____ Parent 2 Name: _____

Home Address: _____

City, State & Zip: _____ Primary Email: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Parent Occupation: _____ Place of Work: _____

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School Age Enrollment: 10 Month School Year Programs, September- June (3 Day Min. Per Program. Select all requested)

- *Before School Program: _____ (M Tu W Th F)- Please select the days requested. (located at the Swarthmore location)*
- *Kindergarten Complement: _____ (M Tu W Th F)- Please select the days requested. (located at the Swarthmore location)*
- *After School Program: _____ (M Tu W Th F)- Please select the days requested.*

Which school will your child attend during the 2025-2026 school year?

____Nether Providence Elementary ____Swarthmore Rutledge School ____Wallingford Elementary

What will be your child's grade in 2025-2026? _____

If your child is a kindergartener, which WSSD session will they attend? AM PM

Which after-school program are you requesting? NPASC SASC WASC

Parent 1 Signature: _____ Date: _____

If your child is accepted, you will be billed for the \$125 non-refundable fee which is due within 48 hours of receipt of the invoice to secure your space.

3.25 **Admin Use Only:** Date & Time received: _____ Initials: _____

