



Preliminary Application for Preschool Enrollment

Please return this form with a \$20 processing fee to place your child on the TCDN preschool waiting list.

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

Parent's Name: _____ Parent's Name: _____

Address: _____

City, State & Zip: _____ Contact Email: _____

Primary Phone: _____ Secondary Phone: _____

Parent Occupation: _____ Place of Work: _____

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When do you wish to enroll your child? _____

Enrollment: (Please Check One)

Young Toddlers: _____

Ages 12-23 months as of September 1st. Full Day Only 7:15 am- 6:00 pm

12 Month Program- *September through August

Preschool: _____

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

12 Month Program * September through August

**Please note that children of current TCDN families and TCDN employees receive priority on the wait list once TCDN receives the child's preliminary application.*

How did you learn about TCDN? _____

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

