

TPCDC - Enrollment Application

(Office Use: Application Date _____) Renewal Date: _____
(applications must be renewed within 2 years or will be removed from waitlist)

Child's Name: _____ Sex: M F

Birthdate: ____/____/____ Current Age _____

Preferred Entry Date: _____

Is a sibling currently enrolled? Name(s): _____

Times child plans to attend:

For preschool/toddlers: Morning (7 am -1pm) Afternoon (3-6pm) All day(7-6)

School age: Before care After care Before & After Care Summer camp

Days you'd like your child to attend: M T W Th F

Parent/Guardian 1: _____

Last Name First Name

Address: _____

Street City State Zip Code

Telephone: _____

Home Phone Work Phone Cell Phone

Email:

Parent/Guardian 2: _____

Last Name First Name

Address: _____

Street City State Zip Code

Telephone: _____

Home Phone Work Phone Cell Phone

Email

Are you applying for financial aid? Yes No

Please send \$50 to complete your application. The application fee is non-refundable.

Make check payable to: TPCDC

Mail or deliver to: TPCDC, 310 Tulip Ave., Takoma Park, Md. 20912