

TRINITY COOPERATIVE DAY NURSERY
301 N. CHESTER RD. SWARTHMORE, PA 19081
www.tcdn.org
PHONE: 610-544-4555 FAX: 610-604-9740 E-MAIL: information@tcdn.org

PRELIMINARY APPLICATION FOR PRESCHOOL ENROLLMENT

Please return this form with a \$10 processing fee for your child to be placed on the waiting list.

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

Parent's
Names _____

Address: _____

_____ Street _____ City _____ Zip

Parent Occupation: _____ Parent Place of
Work: _____

Parent Occupation: _____ Parent Place of
Work: _____

Telephone – Home: _____
Work _____

When do you wish to enroll your
child? _____

ENROLLMENT

YOUNG TODDLERS: AGES 12 – 23 MONTHS as of September 1st

Full Day – open from 7:30 AM – 6:00 PM

10 Month Program _____ 12 Month Program

(September – June) (September – August)

PRESCHOOL: AGES 2 – 4 as of September 1st

Minimum of 5 mornings. Can add 1, 2, or 3 afternoons, or full time.

Full Day (7:30 AM – 6:00 PM) _____ Half Day (7:30 AM – 12:45
PM) _____

10 Month Program _____ 12 Month Program

(September – June) (September – August)

HOW DID YOU LEARN ABOUT
TCDN? _____

PARENT'S SIGNATURE

DATE