

TRINITY COOPERATIVE DAY NURSERY
301 N. CHESTER RD. SWARTHMORE, PA 19081

www.tcdn.org

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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