



Early Education & Learning Center

APPLICATION FORM

I am applying for (please check either): _____ 2010-2011 school year
OR
_____ 2011-2012 school year

Program Choice (please check):

2 and 3 yrs old AM:	2 and 3 yrs old PM:	4 yrs old:
_____ 5 days 9-12	_____ 5 days 1-4	_____ 5 days 9-12
_____ 3 days 9-12	_____ 3 days 1-4	_____ 5 days 9-2:30
_____ 2 days 9-12	_____ 2 days 1-4	

Child's Name _____ Last Middle First _____ DOB _____ Gender _____

Mother's Name _____ Fathers Name: _____

Mother's Address _____ Father's Address (if different from mother's) _____

Home Phone _____ Home Phone _____

Bus. Phone _____ Bus. Phone _____

Cell Phone _____ Cell Phone _____

Mother's E-Mail _____ Father's E-Mail _____

Please list any medical concerns or special needs _____

Name & DOB of siblings, if any : _____

I attended (or will attend) an Introductory Session on: _____

How did you hear about us? _____

A NON REFUNDABLE APPLICATION FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.
Please make check payable to: **TriBeCa Community School** and mail to address below or contact us to schedule an appointment.

Signature of Parent or Guardian _____ Date _____