



Application Form

I am applying for: _____ 2009 - 2010 school year

Preferred Session: _____ AM _____ PM

Days Attending: _____ 5 days (Mon - Fri) _____ 3 days (Mon - Wed) _____ 2 days (Thurs, Fri)

(note: children born in 2005 or earlier are only offered 5 days)

Child's Name: _____ Gender: ____ DOB: _____
(first) (middle) (last)

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address (if different): _____

Home Phone: _____ Home Phone: _____

Business Phone: _____ Business Phone: _____

Mobile Phone: _____ Mobile Phone: _____

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

Person to contact (other than parent) in case of an emergency: _____

Home Phone: _____ Mobile: _____

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: _____