



Desired Enrollment Date: _____

PERSONAL INFORMATION

Child	Last		First		M.I.	DOB	mm / dd / yy
Parent / Guardian	Last		First			Relation	
Parent / Guardian	Last		First			Relation	
Street Address						Apartment/Unit #	
City			State		ZIP		
Phone	Guardian 1:	()	E-mail Address	Guardian 1:	@		
	Guardian 2:	()		Guardian 2:	@		

If this is your first application to TLCA, what directed your attention to our school?

Word of mouth Online search News Article Flyer Other

CLASS SELECTION

Please check the class you desire. Child must be the age indicated as of September 1st of the school year for which you are applying.

Infant: 6 weeks to 12 months	<input type="checkbox"/>	Full Week Only	\$1,950 / month
Waddler: 12 months to 24 months	<input type="checkbox"/>	Full Week Only	\$1,850 / month
Young Toddler: 24 months to 30 months	<input type="checkbox"/>	Full Week	\$1,700 / month
	<input type="checkbox"/>	Part-Week (M/W/F)	\$1,360 / month
	<input type="checkbox"/>	Part-Week (T/Th)	\$1,100 / month
Toddler: 30 months to 36 months	<input type="checkbox"/>	Full Week	\$1,550 / month
	<input type="checkbox"/>	Part-Week (M/W/F)	\$1,240 / month
	<input type="checkbox"/>	Part-Week (T/Th)	\$1,010 / month
Preschool: 36 months to PreK	<input type="checkbox"/>	Full Week	\$1,450 / month
	<input type="checkbox"/>	Part-Week (M/W/F)	\$1,160 / month
	<input type="checkbox"/>	Part-Week (T/Th)	\$950 / month
PreK	<input type="checkbox"/>	Full Week Only	\$1,450 / month

SIGNATURES

I understand that submission of this application expresses my interest in enrolling my child at TLCA; however, it does not guarantee a spot in the selected class.

I further understand that I must submit a completed enrollment form along with associated fees in order for TLCA to hold a spot for my child. I also understand that all required forms must be on file before my child can attend class.

Signature

Date