

Tysons Corner Children's Center

New Student Information

Child's Name:			
	Last	First	MI
Due/Birth Date:		Preferred Enrollment Date:	
Child is Walking?	Potty Trained?	Center Preference #1: (Circle)	McL SH Center Preference #2: (Circle) McL SH
Special Care or Needs?			

Parent Information	Mother/Guardian	Father/Guardian
Name:		
Address:		
Cell Phone:	Cell:	Cell:
Work Phone:	Work:	Work:
Email Address:		
Employer and Address:		
Sibling Currently in Center?	If Yes, Name of Sibling:	Classroom:
Sibling Currently On Waitlist?	If Yes, Name of Sibling:	Age:

How did you hear about Tysons Corner Children's Center?

Internet Search	TCCC Website	Online Ad (Please specify)	Friend/Colleague	Other (describe)