

Tysons Corner Children's Center

New Student Information

Child's Name:			
	Last	First	MI

Due/Birth Date:		Preferred Enrollment Date:	
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Child is Walking?		Potty Trained?		Center Preference #1: (Circle)	McL	SH	Center Preference #2: (Circle)	McL	SH
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Special Care or Needs?	
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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?	<div style="display: flex;"> <div style="width: 10%;"></div> <div style="width: 15%;">If Yes, Name of Sibling:</div> <div style="width: 75%;"></div> </div>	Classroom:
Sibling Currently On Waitlist?	<div style="display: flex;"> <div style="width: 10%;"></div> <div style="width: 15%;">If Yes, Name of Sibling:</div> <div style="width: 75%;"></div> </div>	Age:

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

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

Why did you choose to enroll at Tysons Corner Children's Center?

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