



## Application Form

Fee: \$50.00

Make Check Payable to: TMCDC

### Child

Parent or Guardian Last Name:	Child's Last Name:	Requested Start Date:
Birth Date Mo/Day/Year: Or Due Date Mo/Day/Year:	Male _____ Female _____	Name (First Middle Last):
Address (Number, Street, City, State, Zip):		

### Mother or Guardian

Name:	Home Telephone:	
Address (Number, Street, City, State, Zip):		
Occupation:	Employer:	Work Telephone:
		Mobile Number:
Work Address (Number, Street, City, State, Zip):		

### Father or Guardian

Name:	Home Telephone:	
Address (Number, Street, City, State, Zip):		
Occupation:	Employer:	Work Telephone:
		Mobile Number:
Work Address (Number, Street, City, State, Zip):		

### For Office Use Only

Application Fee Paid: (Non-Refundable)	Date:	Check No.:
Registration Fee Paid: (Non-Refundable)	Date:	Check No.:
Security Deposit Fee Paid: (Refundable with 30 Day Notice of Withdrawal)	Date:	Check No.: