



5001 Tudor Place, Durham, NC 919-544-2872
www.trianglepc.org

Application for Enrollment for 2010-2011

Child's Name: _____

Street Address: _____

City/Zip Code: _____

E-mail Addresses: _____

Child's Birth Date: _____(M)_____(D)_____(Y)

____ Male ____ Female

Mother's Name: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Father's Name: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Do you attend a church? If so, where? _____

Does your child have a special medical condition? Please explain.

Has your child been in a previous preschool program? _____

If yes, where? _____

Does your child have special needs that you know of? _____
(i.e. speech therapy, developmental delay, ADHD)

Please explain. _____

*******PLEASE LIST YOUR 1ST AND 2ND CHOICES*******

_____ 2 ½ year old/ 2-day/wk class (MW) 9:15-12:00
(children must be 2 by 3/1)

_____ 3 year old/ 2-day/wk class (TTH) 9:15-12:15
(children must be 3 by 8/31)

_____ 3 year old/ 3 day/wk class (TWTH) 9:15-12:15
(children must be 3 by 8/31)

_____ 4 year old/ 4 day/wk (M-TH) 9:15-12:15
(children must be 4 by 8/31)

_____ Kindergarten/ 4 day/wk (M-TH) 9:15-1:15
(children must be 5 by 8/31)



Office Info
Date received: _____

Amount paid: _____

Class: _____