

# Summer at TFC

2024



## Application for 2024 Season

Application Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Sessions** Please select all sessions you would like your child to attend:

- Session One: Thursday June 20th - Wednesday July 3rd (*closed July 4th & 5th*)
- Session Two: Monday July 8th - Friday July 19th
- Session Three: Monday July 22nd - Friday August 2nd
- Session Four: Monday August 5th - Friday August 16th

**Weekly Schedule** Please check the box by your selection **and** circle which session(s) you would like your chosen schedule for:

(note: two options for 3-day schedules)

- |  |                 |                         |
|--|-----------------|-------------------------|
| <input type="checkbox"/> 5 Days            | M, Tu, W, Th, F | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> 4 Days            | M, Tu, Th, F    | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> 3 Days (option 1) | M, W, F         | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> 3 Days (option 2) | Tu, W, Th       | Session(s): S1 S2 S3 S4 |

**Early Drop Off** Please check the box by your selection for 8:00 - 9:00 drop off **and** circle which session(s) you would like early drop off for:

- |                                     |                         |
|-------------------------------------|-------------------------|
| <input type="checkbox"/> Mondays    | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> Tuesdays   | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> Wednesdays | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> Thursdays  | Session(s): S1 S2 S3 S4 |
| <input type="checkbox"/> Fridays    | Session(s): S1 S2 S3 S4 |

## Family Information

### Parenting Adult/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Parenting Adult/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Other Family Members** \_\_\_\_\_