



TSC CHILD CARE, INC.

55 BROADWAY • CAMBRIDGE, MA 02142

(617) 494-2298 • Fax: (617) 494-2148

www.tscchildcare.org

Application for Enrollment

Date: _____

Child's Name: _____ D.O.B. or Due Date: _____

Parent Name: _____

Telephone Number(s): _____

Email Address: _____

Parent Name: _____

Telephone Number(s): _____

Email Address: _____

Preferred Start Date _____

Preferred Enrollment (check one): Fulltime Monday/Wednesday/Friday Tuesday/Thursday

What is your affiliation: (check one)

- ☐ Volpe Center federal employee
- ☐ Federal residents of Volpe (i.e. tenant organizations)
- ☐ Other federal employee (not residents of the Volpe Center)
- ☐ Active or inactive Military Personnel (Grandparent status does not apply)
- ☐ Volpe Center on-site contractor employee (Grandparent status does not apply)
- ☐ Private employee

Do you currently have a child at TSC Child Care, Inc.? _____

Have you had a child enrolled at TSC Child Care, Inc.? _____

**** A non-refundable application fee of \$75.00 must be paid to be added to the waitlist. Funds will be withdrawn automatically when application is received.**

Bank or Credit Union Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Routing Transit Number _____ Account Number _____

- ☐ Checking
- ☐ Savings

Signature _____

Date: _____

(Office use ONLY):

Accepted by _____ Date _____