



TRINITY
CHILD CARE
CENTER

509 Bramhall Avenue • Jersey City , NJ 07304 • 201-433-2701

INTEREST APPLICATION FORM

Child Must Be 3 or 4 Years Old by October 1

Please Fill Out Application and Return to Trinity Child Care Center

PLEASE PRINT ALL INFORMATION CLEARLY:

Gender: Male Female

Name of Child

FIRST LAST

Birth:

MONTH

DAY

YEAR

Address

STREET NO.

ZIP CODE

APT #

Name of Mother/Guardian

FIRST

LAST

MOTHER'S E-MAIL ADDRESS

Name of Father/Guardian

FIRST

LAST

FATHER'S E-MAIL ADDRESS

Telephone:

DAY

EVENING

EMERGENCY

Does the Child Have an Illness or a Physical/Mental Handicap?

No

Yes

(Specify)

(Please Indicate)

Does the Child Have an Older Sibling in a Jersey City Public School?

No

Yes (School)

Signature of Parent/Guardian

Date

Note:
