



Application for Enrollment 2019 - 2020

A \$50 nonrefundable application fee must be submitted with this form. You can mail or drop off the form to 850 Masonic Ave, Albany, CA 94706 or email to info@albanypreschool.org. Make the check payable to Albany Preschool, with your child's name and "2019-20 Application Fee" in the subject line. Payment can be also submitted online via [PayPal](https://www.paypal.com) to accounting@albanypreschool.org. Payment must be received before your application will be considered.

Child's name:	Birthdate:	Gender:
Address:	City:	Zip:
Primary parent contact name:	Primary phone number:	
Primary email:	* We are a returning family: Yes / No / * Years attended:	
* Please initial here to indicate you have read the enrollment section and agree to the co-op responsibilities listed on the APS website http://albanypreschool.org/enrollment/ : _____	* A tour is required for new families to complete their application. We are new and have already toured: Yes / No /	

PROGRAM PREFERENCES:

Which program would you like to attend? *Note: AM program is 9:00-12:30; AM participation is 8:45-12:45; PM program is 1:00-4:30; PM participation (available as a Family Job) is 12:45-4:45; FULL DAY program is 9:00-4:30:*

___ **3 AM days/week** (mandatory participation once every other week)
 If the AM program is full, are you willing to enroll in the PM program? Circle one: YES / NO /

___ **5 AM days/week** (mandatory participation once per week)
 If the AM program is full, are you willing to enroll in the PM program? Circle one: YES / NO /

___ **2 PM days/week**

___ **3 PM days/week**

___ **4 PM days/week**

___ **5 PM days/week**

___ **FULL DAYS/week** - please indicate full day schedule preference

AM: ___ 3 AM/week (participation every other week) ___ 5 AM/week (weekly participation)

PM: ___ 2 PM/week ___ 3 PM/week ___ 4 PM/week ___ 5 PM/week

___ **PM Extended Care** (4:30-5:30 pm, PM families only. Also available on a drop-in basis.)

SCHEDULE PREFERENCES

- Choose the days that your child is able to attend and the days that you are able to participate, if applicable. Please choose ALL of the days that you are willing to accept as a possible schedule on the grid. *Note: please check at least two options for participation days, but feel free to check more if you are flexible.*
- After filling in the grid, please tell us about the specifics of your family schedule in the explanation section. For example, if you are very flexible with scheduling, great! If you have compelling reasons for prioritizing certain days for your schedule, please explain. For example, if you are willing to accept any three day/week slot but strongly prefer M/W/F, you should fill in ALL days on the grid, and explain in writing your M/W/F preference. We will do our best to accommodate everyone's requests, and the more information we have, the better.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM PROGRAM (9:00-12:30)	___ Attend ___ Participate				
PM PROGRAM (1:00-4:30)	___ Attend				
PM EXTENDED CARE (4:30-5:30)	___ Attend				

Please tell us about your ideal schedule. Please list your preferences and provide explanation here. Are there any days of the week that you can neither attend nor participate?

Please provide any additional information about your flexibility. For example, if the AM program is full would you be able to enroll in the PM program? Or if full days are not available, would you be able to do half days until there is availability?

Comments? (Such as why do you want to join a co-op, anything about your child that would help us support him or her at school, etc.):

We will establish the schedule as soon as our enrollment has been verified so that you will be able to make the necessary work/child care arrangements. We will do our best to accommodate everyone's choice. You will receive notice by March 1, 2019 as to your enrollment status. Please contact info@albanypreschool.org with any questions.