



Request for Admission Packet - 2009-2010 School Year

(please submit a separate form and fee for each child you're interested in enrolling)

Parent's Name(s): _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: (home) _____ (Cell) _____

Email Address: _____

Child's Name: _____ Date of Birth: _____

Sibling's Name(s) and Date(s) of Birth: _____

Please number your enrollment preferences (with 1 being your first choice, 2 your second choice, etc.)

_____ 2 days a week – Tuesday and Thursday

_____ 2 days a week – Tuesday and Wednesday

_____ 2 days a week – Wednesday and Thursday

_____ 3 days a week – Tuesday, Wednesday, and Thursday

_____ Other (please explain: _____)

Please check here if you are interested in applying for a scholarship to cover this child's tuition.

Please check here if you are interested in volunteering as an ACP board member.

How did you hear about ACP? _____

Please attach your non-refundable \$25 registration fee
(Checks payable to "Amador Cooperative Preschool) and return to:
Amador Cooperative Preschool, 101 Shopping Drive, Jackson, CA 95642

Questions? Call (209) 257-0622. Thank you for your interest in ACP!

For Office Use Only:

Date Received _____ Received By _____ Check Number _____ Packet Given _____