



amador cooperative preschool

Request for Admission Packet - 2008-2009 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 applying for a Non-Participation member position** *(No classroom work days, all other requirements the same; Increased tuition costs; Limited positions available).*
- Please check here if you are interested in applying for an Increased Participation member position** *(1-2 additional classroom work days each month; Reduced tuition costs; Limited positions available).*
- 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 _____