



Application

date			
child's name			boy girl
first	middle	last	
child's home address	street	town/city zig	<u> </u>
child's home telephone		-	
•			
Please provide a brief desc	ription of your child's p	ersonality and learning	style:
When would you like your o	child to begin attending	Agassiz? date	
Which program are you into	erested in? (select grou	p and time)	
YOUNGEST GROUP	MIDDLE GROUP	OLDEST GROUP	EXTENDED DAY
ages 2 years–2.11	ages 3–3.11	ages 4-4.11	
1 2:00	12:00	12:00	1/2/3 days/week
2:30 Not sure	2:30 Not sure	2:30 Not sure	Not sure
l. name of parent/guardia	ın		
telephone: day	evenir	ng	
-			
What is your occupation?			
Work address			
Email			
Special skills you can bring	to a co-op		
2. name of parent/quardia	ın		

home address	
What is your occupation?	
Work address	
Email	
Special skills you can bring to a co-op	
What is the main reason for your interest in this program?	
Does your child have	
Agassiz siblings? YES NO dates	
Other siblings? YES NO ages	
How did you first learn about Agassiz Preschool ?	
Agassiz family (name:)	
yellow pages listing advertisement flyer open house other (explain)	
Co-op members have important roles in the school. Agassiz depends on parent involvement and icipation. Will a parent or guardian be able to:	l
• Assist as a parent-helper approximately once a month YES NO	
Provide a school snack every 7–8 weeks? YES NO Perform a parent job,task & attend committee meetings? YES NO	
• Attend all-school and group meetings? YES NO	
• Participate in fundraising activities? YES NO	
• Assist in a work day?	
Check here if you would like to apply for financial aid. Applications available upon request. Scholarships are awarded on the basis of need.	online/
Please enclose a fee of \$50 with your completed application. Checks should be made payak Agassiz Preschool, Inc.	ole to

Agassiz Preschool strives to be	e a culturally and racially	balanced school and	d encourages application	ns
from all families and especiall	y from minorities.			

www.agassizpreschool.org