

Agassiz Preschool, Inc.

184 Summer Street, Somerville, MA 02143 (617) 627-9355

Application

Today's Date: _____

Child's Name: _____ boy girl
First Middle Last

Child's home address:

Street City Zip Code

Child's home telephone: _____

Child's birthday: _____

Please provide a brief description of your child's personality and learning style:

When would you like your child to begin attending Agassiz? Date: _____

Which program are you interested in? (Select group and time)

YOUNGEST GROUP
Ages 2..2 years–2.11

MIDDLE GROUP
Ages 3–3.11

OLDEST GROUP
Ages 4-4.11

EXTENDED DAY

12:00

12:00

12:00

1 day/week

2:30

2:30

2:30

2 days/week

Not sure

Not sure

Not sure

Not sure

1. Name of Parent/Guardian: _____
First Last

Telephone (daytime): _____

Home address:

Street City Zip Code

What is your occupation?

Work address (if applicable):

Street City Zip Code

Special skills that you can bring to a co-op:

2. Name of Parent/Guardian: _____
First Last

Telephone (daytime): _____

Home address:

Street City Zip Code

What is your occupation?

Work address (if applicable):

Street City Zip Code

Special skills that 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 attended: _____

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 participation. Will a parent or guardian be able to:

Assist as a parent-helper (or pay a substitute) approximately once a month?

YES NO

Provide a school snack every 7–8 weeks?

YES NO

Perform a parent job, perform tasks, and attend committee meetings?

YES NO

Attend all-school and group meetings?

YES NO

Participate in fundraising activities?

YES NO

Assist in a workday, as well as a “clear-out” & a “put back”?

YES NO

Check here if you would like to apply for financial aid. Applications are available upon request. Scholarships are awarded on the basis of need.

Please enclose a fee of \$50 with your completed application. Checks should be made payable to Agassiz Preschool, Inc.

Agassiz Preschool strives to be a culturally and racially balanced school and encourages applications from all families and especially from minorities.

Agassiz Preschool, Inc.

184 Summer St, Somerville, MA 02143 (617) 627-9355
www.agassizpreschool.org

FOR OFFICE USE ONLY

Initial: _____ Tour Application

Program: Y M O Start age: _____ AM/PM: _____

Application Fee Deposit

Offer Accepted Refused (reason _____)