

2. name of Caregiver _____

telephone: _____ email: _____

home address _____

What is your occupation ? _____

Special skills you can bring to a co-op _____

What is the main reason for your interest in this program ? _____

Does your child have:

SSP siblings? YES NO dates _____

Other siblings YES NO ages _____

How did you first learn about Summer Street Preschool ?

SSP family _____

other (explain) _____

Co-op members have important roles in the school. Summer Street Preschool depends on family involvement and participation. Will you be able to:

- Assist as a parent-helper approximately once a month? YES NO
- Provide a school snack every 9-10 weeks? YES NO
- Perform a parent job, perform tasks, attend committee meetings? YES NO
- Attend all-school and group meetings? YES NO
- Participate in fundraising activities? YES NO
- Assist in a work day once a year? YES NO

- Check here if you would like to apply for financial aid. Applications 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.**

Summer Street Preschool strives to be a culturally and racially balanced school and encourages all families to apply