



Alta Plaza Preschool  
Enrollment Application

Date: \_\_\_\_\_

**Child's Information**

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Please state any significant factors: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been in Preschool? \_\_\_\_\_

If so, where? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Schedule Desired**

Full Day: 7:30am – 6:00pm: \_\_\_\_\_

Mon – Fri      Mon – Wed – Fri      Tues - Thurs

Half Day: 7:30am – 12:30pm: \_\_\_\_\_

Mon – Fri      Mon – Wed – Fri      Tues - Thurs

When would you like to enroll your child at APP? \_\_\_\_\_

Mon/Year

*\* Please note that your child must be 2.5 years to enter preschool.*



### Parent Information

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send completed form with a non-refundable application fee of \$50.00 to:

Alta Plaza Preschool

2140 Pierce Street

San Francisco, CA 94115

If you have any questions, please call (415) 928-6483

**Thank you for choosing Alta Plaza Preschool**