



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

Half Day: 7:30am – 12:30pm:

Mon-Fri

Mon-Wed-Fri

When would you like to enroll your child at APP? _____

Month/Year

☐ Please check here if you are interested in an alternative schedule. We cannot guarantee availability of alternative schedules, but we do our best to work with families with different scheduling needs.

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

Parent Information

Parent/Guardian #1's Name: _____

Home Address: _____

Home/Cell Phone: _____

Occupation: _____

Firm: _____

Work Phone: _____

Email Address: _____

Parent/Guardian #2's Name: _____

Home Address: _____

Home/Cell Phone: _____

Occupation: _____

Firm: _____

Work Phone: _____

Email Address: _____

Please send completed form with a non-refundable application fee of \$75.00 to:

Alta Plaza Preschool
2140 Pierce Street
San Francisco, CA 94115

admissions@altaplazapreschool.com
www.altaplazapreschool.com

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

Thank you for choosing Alta Plaza Preschool