

APPS MEMBERSHIP APPLICATION

School Year [20 thru 20]

ALMADEN PARENTS' PRE-SCHOOL 5805 Cahalan Avenue San Jose, Ca 95123 (408) 225-7211 www.appsonline.org	Program Desired 1 st Choice (Circle one) 1-Day TH PM 2-Day 3-Day 4-Day	Program Desired 2 nd Choice (Circle one) 1-Day TH PM 2-Day 3-Day 4-Day
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Child's First Name	Last Name	Birth Date	Sex
Home Address	City	State	Zip
Contact Telephone #			E-mail

E-mail is used to communicate with members. Do you have difficulty receiving e-mail? Yes No

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Father's First Name	Last Name	Occupation	Work/Cell Telephone #	E-mail
Mother's First Name	Last Name	Occupation	Work/Cell Telephone #	E-mail

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Child's Physician	Telephone #
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Where did you learn about Almaden Parents' Pre-School?.....

If you were referred by someone, who referred you?.....

Are you an alumnus of Almaden Parents' Pre-School?.....

If you are a returning parent, what school year did you begin APPS, including 1-Day?.....

Have you been attending consecutively since you began?.....

Class Rosters are kept "on-line" which contain confidential information such as, but not limited to, name(s), address, phone number, email, and date of birth. By signing below you acknowledge and accept posting of this information which is for internal use only. Please contact Membership *immediately* if you do not want your information on-line.

Dated.....Signature of Parent.....

Almaden Parents' Pre-School admits students of all races, religious and national origins.
Priority is determined by the date you return this application with your non-refundable application fee of \$35 per family.

Please make your checks payable to Almaden Parents' Pre-School and return to the Membership Chairperson listed below:

Suzy Delgado | 5805 Cahalan Avenue | San Jose, CA | 95123 | 408-483-8045

For Office Use Only: Date Rec'd.....Enroll Fee.....St.Date.....Notice.....Last Day.....
