



# Application Form

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

Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

I would like to apply to the Linda Beach Cooperative Preschool for the program listed below:

\_\_\_\_\_ Tuesday/Thursday Session (3 year olds)

*Students must be 3 as of Sept. 1. Birthdays within the month of September will be considered. All final admission decisions are at the discretion of the school directors.*

\_\_\_\_\_ Monday/Wednesday/Friday (4 year olds)

\_\_\_\_\_ Pre-Kindergarten, Monday-Thursday, (5 year olds)

*Students must be 5 as of March 1. All final admission decisions are at the discretion of the school directors.*

**Beginning in the Fall of 20 \_\_\_\_\_ or \_\_\_\_\_ please specify date**

We have had a child previously attend Linda Beach Cooperative Preschool: yes / no

As a participating member, I agree to pay monthly tuition, work in the classroom as scheduled, attend monthly parent's meeting, fulfill my work day requirements, purchase \$1,000 worth of SCRIP or E-SCRIP (don't worry, it's free), and support the annual fund raiser as outlined in the handbook. It is understood that illness or absence from school does not release me from the obligation to pay tuition in full each month. Notification of the intent to withdraw from the school must be submitted in writing 30 days prior to last day of attendance regardless of the attendance record. It is further understood that fees and other charges are subject to increase during the year to cover rising costs outside of the school's control. All application fees, deposits, tuition and other funds paid to the school are **non-refundable**. Children must be potty trained before beginning preschool. Linda Beach Cooperative Preschool does not discriminate on the basis of race, color, creed or national origin.

I have enclosed \$50 as an application fee (made out to LBCP) for my child. I understand that completion of this form and payment of the application fee will place me on the waiting list and does not guarantee enrollment in the school. I also understand that the \$50 application fee is non-refundable.

\_\_\_\_\_  
*Signature of Parent or Guardian*

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Addresses \_\_\_\_\_

Please return application form and \$50 fee to:

**LBCP Membership Chair**

5415 Proctor Ave

Oakland, CA 94618

Once the application and \$50 fee are received, you will be contacted to schedule a school visit.

**Questions?** Please contact us at [membership@lindabeach.org](mailto:membership@lindabeach.org)