



Alternatives in Action

HOME • BASE • HOME Sweet HOME

Alternatives in Action's Home Sweet Home Preschool APPLICATION

Date _____ Student _____

First Name Middle Last Name

Street Address _____ City _____ Zip _____

Child's Date of Birth ____/____/____ Gender: (circle) Male Female

Present Childcare Facility _____ Preferred Entrance Date _____

Parent/ Guardian #1 _____

Full Name Cell Phone Alternate Phone

Street Address _____ City _____ Zip _____

Email Address _____

Parent/ Guardian #2 _____

Full Name Cell Phone Alternate Phone

Street Address _____ City _____ Zip _____

Email Address _____

How did you hear about us? _____

Preferred Program Option:

Full-Days (7:30 AM - 6:00 PM) 5 Days _____ 4 Days _____ 3 Days _____ 2 Days _____

Preferred Days (please circle): Mondays Tuesdays Wednesdays Thursdays Fridays Flexible

**A \$25.00 non-refundable application fee is required.
Please make your check payable to "Alternatives In Action".**

1900 3rd Street Alameda, CA 94501 Phone: 510-748-4314 Fax: 510-748-4326

www.alternativesinaction.org