

Preschool Program

**135 Academy Road
Albany, New York 12208
Phone #: (518) 429-2300 Fax #: (518) 463-5096
www.albanyacademies.org**

Applicant for Entrance _____ Application Date _____
Year

Desired options: Five Full Day Option Five Half Day Option that transitions to full day in January

Applicant's Name _____
First Middle Last Nickname

Applicant's Address _____
Street City State Zip

Home Phone () _____ - _____ Applicant Soc. Sec. # _____

Applicant's Age _____ Date of Birth _____ Male Female

Father's Name _____
Title First Middle Last Soc. Sec. #

Home Address _____
Street City State Zip

Home Phone() _____ - _____ Cell Phone () _____ - _____ Business Phone () _____ - _____

Email _____

Father's Employer _____ Occupation _____

Business Address _____
Street City State Zip

Mother's Name _____
Title First Middle Last Soc. Sec. #

Home Address _____
Street City State Zip

Home Phone() _____ - _____ Cell Phone() _____ - _____ Business Phone () _____ - _____

Email _____

Mother's Employer _____ Occupation _____

Business Address _____
Street City State Zip

Step-Parent _____
Title First Middle Last Soc. Sec. #

Home Address _____
Street City State Zip

Home Phone() _____ - _____ Business Phone () _____ - _____

Step-Parent's Employer _____ Occupation _____

Business Address _____

Street City State Zip
Student lives with (check all that apply): Father Mother Stepfather Stepmother Other

Parents separated Parents divorced Father deceased Mother deceased

School district applicant lives in _____

Applicant's Siblings:

Name Date of Birth School Grade

Name Date of Birth School Grade

Name Date of Birth School Grade

Relatives who have attended or are attending AA/AAG:

Name Relationship School/Class

Name Relationship School/Class

Name Relationship School/Class

Has your child attended nursery school or been in group day care? Yes No

If yes, name and address _____

Number of hours a week: _____

Person/s responsible for all tuition and fees _____
Name

Address _____
Street City State Zip

Relationship to applicant _____ Home Phone () _____ - _____

Application Fee

Please enclose a non-refundable \$50.00 application fee. Make the check payable to The Albany Academies

Please return this form to:

Preschool at The Albany Academies
135 Academy Road
Albany, New York 12208

Signature of Parent/Guardian _____

Date _____

Your application must include this completed form; the \$50 application fee; the written evaluation by someone who has cared for, or has worked closely with your child; a recent photo and a copy of your child's birth certificate.