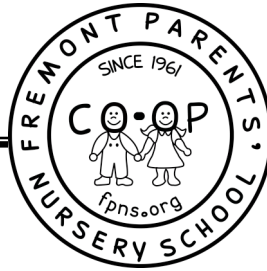


4200 Alder Ave
Fremont, CA 94536
(510) 793-8531



Application for Enrollment 2009–10

GROUP: A B C

Child's Name _____ M/F _____ Birth Date _____
Address _____ City & Zip Code _____
Home Phone _____ Email _____

PARENTS/GUARDIANS:

Name: _____
Relationship: Mother Father _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Work Schedule: _____

Name: _____
Relationship: Mother Father _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Work Schedule: _____

Other members of household: Name / Age / Relationship

How did you hear about FPNS? _____
Are you Alumni? _____ If so, what year? _____

How does your child react to separating from you? _____
Does your child have any allergies or special dietary restrictions? No Yes
Specify _____

WORKDAY PREFERENCES

I prefer to work in class on the following day(s): _____
I cannot work in class on the following day(s): _____

SUB: The ability to substitute for someone on their workday.

- Yes, I would be willing to sub on occasion.
 No, I am unable to sub.

SWAP: The ability to occasionally trade (swap) workdays with another parent.

- Yes, I would be willing to trade workdays on occasion.
 No, I am unable to trade workdays.

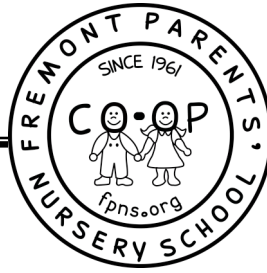
REMINDER: Licensing regulations do not allow unregistered siblings to attend class. Parents are responsible for making their own babysitting arrangements for their weekly class workday and for the monthly evening Parent Education meetings.

A Non-Refundable Deposit of \$100 is due at time of application.

Signature _____ Date _____

For School Use Only: Date Received _____ Amount Received _____ Check # _____

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Membership/Admissions Agreement – 2009/2010

We, the undersigned, understand that Fremont Parents' Nursery School (FPNS) is a non-profit, developmental preschool program serving children ages two years through pre-kindergarten. FPNS is a cooperative school where parents participate in the classroom and do required committee or board jobs to facilitate the operation of the school. Failure to meet the requirements listed below could result in termination of membership. All work performed for the school by parents, including fulfillment of mandatory participation obligations, is UNPAID.

FINANCE

- Pay a \$100.00 **performance deposit** per family per year due at time of application. This deposit will be refundable upon completion of obligations. This deposit is **non-refundable** if you decide not to enroll.
- Pay \$200.00 **membership dues** per child per year due prior to start of classes.
- Pay monthly tuition, due on the first of the month. Payment is considered late if payment is received after the 7th of the month. A late fee of \$15.00 will be charged on the first late payment. A late fee of \$20.00 will be charged on the second late payment and any late payments thereafter.

Notes: Rate and/or fee changes will be given 30 days written notice prior to change. To receive any refund on tuition upon withdrawing from FPNS, written notice of withdrawal must be received by the Vice President of Membership two (2) weeks prior to the last day of attendance.

CLASSROOM

Participate in the classroom one day per week. Perform assigned classroom duties and generally cooperate with the director and the other parents.

PARENT EDUCATION

Attend one evening parent education class meeting (2 hours each) per month. In addition, attending an Orientation meeting prior to the start of the school year will be mandatory for all families.

COMMITTEE WORK

Perform a committee job assignment or board position that helps facilitate the operation of the school.

MAINTENANCE

Perform at least 4 hours of maintenance as directed by the Maintenance Chair(s).

FUNDRAISING

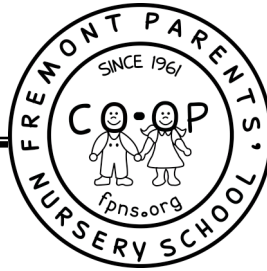
Perform at least 3 hours toward fundraising as planned by the Fundraising Committee.

HEALTH

- Submit a physical exam report of your child via the Physician's Report – Child Care Centers form. Your child's immunization record should be included with this form.
- Submit a negative TB test/chest x-ray for each adult participating in the classroom via the Adult TB Test Verification form. The TB test/chest x-ray must have been performed within one year prior to or seven days after initial presence in the school.

The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

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We have read the participation obligations listed above. In addition to these obligations, we understand that it is our responsibility to read the FPNS Parents' Handbook and the FPNS By-Laws for additional guidelines on parent obligations. We agree to abide by this Membership Agreement and the FPNS Parents' Handbook. We understand that FPNS has the right to suspend or terminate our membership at any time for non-compliance with any of the above obligations.

We, the undersigned, agree to indemnify, release, defend and hold Fremont Parents' Nursery School free and harmless against all claims, losses, expenses (including reasonable attorneys' and expert witnesses' fees and costs) and injuries to person or property resulting in any way from any act, omission or negligence on our part, or on the part of Fremont Parents' Nursery School, which occur in the performance or failure of performance of our obligations under this Agreement.

We represent that we are the parents (guardians) of one or more minors and we hereby agree that our minors are also bound by this Agreement.

Date _____
Parent/Guardian's Signature, Relationship to Child

Date _____
Parent/Guardian's Signature, Relationship to Child

Date _____
FPNS Authorized Signature

***For Returning Parents:**

I authorize FPNS to roll-over my \$100.00 Performance Deposit from the 2008-2009 school year for the 2009-2010 school year, acknowledging that it is **non-refundable** if we decide not to enroll.

Date _____
Parent's Signature