
Has your child been in a group care setting? Y N

Name of Program _____

Dates of Attendance: Start: _____ End: _____

Reason for leaving:

Primary Language used at home: _____

Other Languages used by family members: _____

Is your child an ELL (English Language Learner)? Y N

Does your child have any developmental needs that require accommodation? Y N
If yes, please specify: _____

Has s/he ever been diagnosed with any kind of medical condition affecting growth and development that may affect his learning?

Y N Specify:

How does your child react during separations from you?

Does your child have any allergies or special dietary restrictions? Yes/No
Specify: _____

Workday Preferences: Day/s of the week unable to work in the classroom:

Group Preferred Work Day
A T TH
B M W F
C M T W TH

Sub: The ability to substitute for another family on their workday. (Subs are paid \$50 a day by the family)

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

Swap: Occasionally trade workdays:
 Yes, I am able to trade (swap) workdays

___ No, I am unable to swap workdays.

As it applies please submit copy of legal documentation of the following:

Do you have full or shared custody of the child? ___ Date received by FPNS

If child is adopted, how long has s/he been in your care?

Other (Epipen, IEP, Medical Condition Information, IMS) when applicable, fill out and submit Parent Consent for Administration of Medications and LIC 9221 Form * **meet with Director**

How did you hear about FPNS? _____

Are you or any members of your family an alumni? ___ Y ___ N

If so, what year? _____

Are you interested in serving on the school's Board: ___ Y ___ N

___ I certify that the information I have provided on all application materials are correct and complete. I understand that any omission and false information may result in non-admission from FPNS

Notice of Nondiscriminatory Policy

Fremont Parents' Nursery School welcomes families of all races, colors, religions, and national and ethnic origins without regard to sexual orientation, gender identity, or marital status. This non-discrimination policy covers employment as well as admission and access to our school's programs and activities.

Parent 1 Signature _____ Date

Parent 2 Signature _____ Date

*Per Licensing, siblings not enrolled at FPNS may only be at school during the short transitional period when parents drop-off and pick-up their enrolled child from school.