



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

Priority Registration 2017-2018

Group: A B C

Child's Name: _____ M/F: _____ Birth Date: _____

Address: _____ City & Zip Code: _____

Home Phone/cell phone _____ E-mail: _____

Parents/Guardians:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Other Members of the Household: Name / Age / Relationship

How did you hear about FPNS? _____

Are you an Alumni? _____ If so, what year? _____

How does your child react to separating from you? _____

Does your child have any allergies or special dietary restrictions? Yes No

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: Occasionally trade workdays?

Yes. I am able to trade (swap) workdays

No. I am unable to swap workdays

I am interested in serving on the school's Board: Yes No

I would like information regarding financial assistance: Yes No

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

Signature: _____ Date: _____

Please scan or mail completed form to : FPNS, P.O. 7171, Fremont CA 94537