



4200 Alder Avenue,  
Fremont, CA. 94536  
(510) 793-8531  
Priority Registration 2019-2020

Group \_\_\_A \_\_\_B \_\_\_C

M /F \_\_\_\_\_

Fall/Spring 20 \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date of Application: \_\_\_\_\_ 20 \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone/Home Phone (best number to contact parent(s) working in class):  
\_\_\_\_\_

Primary Email Address (to receive school communications): \_\_\_\_\_ Secondary \_\_\_\_\_

**FAMILY INFORMATION**

Parents/Legal Guardian

Parent 1

Parent 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Members of the Household: Name/Age/Relationship (please use a separate sheet as needed)

\_\_\_\_\_  
\_\_\_\_\_

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)

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) when applicable, fill out and submit Parent Consent for Administration of Medications and LIC 9221 Form

\_\_\_\_\_

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.

Please submit a check in the amount of \$ \_\_\_\_\_ payable to FREMONT PARENTS' NURSERY SCHOOL or FPNS along with this form.