



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

2011/2012

Dear Parents:

Thank you for your interest in Fremont Parents' Nursery School (FPNS)! We are a cooperative nursery school celebrating our 50th year. Our campus is located at 4200 Alder Avenue in the Centerville District of Fremont. We offer three classes for **Fall 2011 / Spring 2012 Enrollment**.

Centerville Campus

DAY	GROUP	TIME	AGE	TUITION	SUPPLY FEE
Tu/Th	A	9:00 – 11:30	2 years – 2 yrs. 11 mos. by September 1 st	\$125.00/month	\$30/year
M/W/F	B	9:00 – 11:30	3 years – 3 yrs. 11 mos. by October 1 st	\$165.00/month	\$45/year
M/Tu/W/Th	C	12:30 – 3:30	4 years – 4years 11 mos. by November 1 st - Pre-Kindergarten	\$255.00/month	\$60/year

*** PLEASE BE AWARE CLASS STRUCTURE AND FEES ARE SUBJECT TO CHANGE**

Cooperative nursery schools require parent participation. Our requirements for the school year are as follows:

- Participate in the classroom one day per week.
- Attend one evening class meeting (2 hours each) per month. In addition, an Orientation Meeting prior to the start of school will be mandatory for all families to attend.
- Perform at least 3 hours/year toward fundraising events as planned by our Fundraising Committee.
- Perform at least 4 hours/month of committee job assignment or board position that helps to facilitate the operation of the school.
- Perform at least 4 hours/year of maintenance as directed by the Maintenance Chair(s).
- Pay a Performance Deposit of \$100.00 per family due prior to the start of class and will be refundable upon completion of all required participation duties.
- Pay Membership Dues of \$200.00 per child per year due prior to start of class.

To reserve a spot in class for your child, please do the following:

- 1) Complete the following forms:
 - Application for Enrollment
 - Membership/Admissions Agreement
- 2) Provide a check made payable to: Fremont Parents' Nursery School for \$100. This is a **non-refundable** deposit. This deposit will be applied toward your Performance Deposit once you have started the school year. Should you decide not to enroll, FPNS will keep the deposit.



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- 3) Submit the completed forms and deposit either in person by bringing them to our campus location or by sending them by U.S. mail to our mailing address:
Fremont Parents' Nursery School
P.O. Box 7171
Fremont, CA 94537
Attention: Membership, 2008/2009

Upon receipt of these documents and deposit, a space will be reserved for your child. To complete the registration process, you must submit the following additional forms and fees to FPNS:

- Forms
 - Consent for Emergency Medical Treatment and Pick Up Authorization/Disaster Release Form
 - Child's Pre-Admission Health History – Parent's Report
 - Physician's Report – Child Care Centers
 - Personal Rights – Child Care Facilities
 - Child Care Center Notification of Parents' Rights
 - Adult TB Test Verification (each adult participating in the classroom must submit a negative TB test/chest x-ray)
 - Insurance Notification and Authorization
- Fees
 - \$200 Membership Dues
 - First Month's Tuition (fee determined by class)
 - Supply Fee (fee determined by class)

If you do not have the above forms, please contact a membership representative or download and print the forms from our website at <http://www.fpns.org/forms>. You will be notified of your official enrollment after all of your registration forms and fees have been submitted and approved by the Vice President of Membership.

If you need more information, or have further questions, please contact us by email at info@fpns.org or call (510) 793-8531.

Sincerely,

Masiha Farooq
Vice President of Membership



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Membership/Admissions Agreement – 2011/2012

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 4 hours per month a committee job assignment or board position that helps facilitate the operation of the school.

MAINTENANCE

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

FUNDRAISING

Perform at least 3 hours toward fundraising per year 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 2010-2011 school year for the 2011-2012 school year, acknowledging that it is **non-refundable** if we decide not to enroll.

Date _____
Parent's Signature



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Application for Enrollment 2011–2012

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 # _____