



PLACEMENT FORM 2024-25

Fremont Parents' Nursery School is a parent-participation preschool that nurtures and strengthens all the families in our membership. We aim to provide a high-quality preschool experience based upon spontaneous play, supporting both children and their families in a rich learning environment, fostering friendships, curiosity, risk-taking, joy, and self-knowledge in an atmosphere of mutual respect and acceptance.

Parent's Name: _____

Date: _____

Parent's Email: _____

Parent's Cell #: _____

Child's Name: _____

Start Date: _____

Parent Participation Obligations - Initial Each

The compounded benefits our community offers are sustained through the active participation of its members.

_____ Working in the classroom (1 day per week)

_____ Attending Parent Orientation (1) and Parent Education (3) meetings

_____ Taking on a yearly assigned job

_____ Fulfilling Fundraising Requirement* (\$250 per year)

_____ Fulfilling Maintenance Requirement (1 per trimester)

A limited number of spots in our Working Parents Program are made available for families unable to commit to the once a week classroom workday. Working Parents Program approval is made on a first come, first serve basis and is reserved for families enrolled in either the 5-day per week morning program or 4-day per week afternoon program.

Check here if you would like to request a spot in the Working Parent Program at the cost of \$667/trimester.

Enrollment Fees

Application Fee	(No fee for returning families)	\$75.00
Performance Deposit**	(per family, per year)	\$250.00
Membership Dues*	(per family, per year)	\$250.00
Class Supply Fee*	(per student, per year)	varies

4200 Alder Ave, Fremont CA 94536. Contact: 510-793-8531

director@fpns.org

E-001-2024-002-1



**SCHOOL YEAR ENROLLMENT OPTIONS
2024-25**

Your Class Preference	Enrollment Options	Tuition* (paid per trimester)	Supply Fee* (paid annually)
	Group A: 9:00am-12:00pm		
	5 days/week (Monday-Friday)	\$2,238	\$250
	3 days/week (Monday, Wednesday and Friday)	\$1,416	\$150
	2 days/week (Tuesday & Thursday)	\$992	\$100
	Group B: 12:30pm-3:30pm		
	4 days/week (Monday-Thursday)	\$1,790	\$200
	ADD-ON Friday Mornings (9:00am-12:00pm)	\$448	\$50

About our classes:

Both groups are mixed age classes for children 2-5 years old. In a mixed age classroom, children are invited to learn and play at their own pace. Our activities are designed with multiple ways of engagement so that each child is able to learn according to their own abilities and needs. In mixed age classrooms, the classroom becomes like a family of learners.

Enrollment fees will be invoiced via email once your completed registration packet is received. An invoice can be paid online or in person with a check. **Registration is not confirmed until payment is complete.**

The first tuition payment is due by September 1st. If you are registering after September 1st, tuition payment is due at the time of registration.

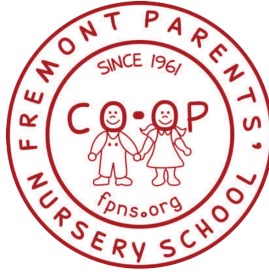
** Prorated for start dates after 9/16/2024. Costs reflect full-term enrollment. All enrollment fees (excluding the application fee) and tuition will be prorated based on start date.*

*** Performance deposit will be refunded at the end of the school year if all Participation Obligations are met.*

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**FINANCIAL AGREEMENT FORM
2024-25**

Enrollment fees will be invoiced via email at the time of registration. **Tuition is invoiced on a trimester basis and is due September 1st, December 1st, and March 1st.**

Payments received after the 7th are considered late and a \$30 late fee will be applied. An administrative fee of \$25 will be charged for all returned payments.

_____ I understand and accept that it is my financial obligation to assure FPNS full annual tuition and fees for each of my child(ren) enrolled.

_____ I understand and accept that this agreement must be submitted along with the following complete and signed forms:

- Financial Agreement Form and enrollment fees
- Placement Form
- Early Withdrawal Procedure Form

_____ I have received a copy of this Financial Agreement

This Financial Agreement is created on (date) _____

BETWEEN:

FPNS Executive Director

Date

Parent/Legal Guardian of Student

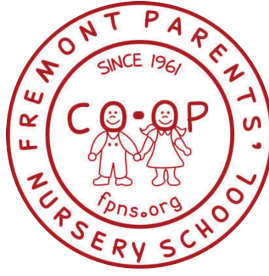
Date

- Families with multiple children enrolled will receive a \$250 credit per tuition installment, applied to the youngest child enrolled.
- If paying by check please include your child's name in the Memo.
Make checks payable to: Fremont Parents' Nursery School and drop in the school lockbox or mail to: Fremont Parents' Nursery School
PO Box 7171
37010 Dusterberry Way
Fremont, CA 94537

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FPNS EARLY WITHDRAWAL PROCEDURE FORM

Voluntary Termination

If notice of intent to resign is received in writing **within the first two weeks** of the child's start date, your membership dues, class supply fee, and performance deposit will be fully refunded. Within the first two weeks, tuition refunds will be prorated based on the number of days attended. FPNS will retain the application fee.

Notice of intent to resign must be submitted to the school **in writing 30 days prior** to the date of resignation. **After the first two weeks** of the child's start date, enrollment fees are no longer refundable. Tuition will be prorated and refunded after your 30 day notification.

_____ I understand and accept that I have 30 days to assure any and all outstanding balances owed to FPNS including tuition, late fees, etc. Payments must be received prior to the date of resignation.

_____ All school property must be returned (e.g., library books, keys, files).

Involuntary Termination

_____ I understand that my family's membership may be revoked by decision of the Board of Directors. One or more of the following must be presented for review:

- The family failed to fulfill Parent Participation Obligations as agreed to in the Placement Form or has chronically ignored the rules and regulations stated in the Parents' Handbook.
- The parent has one "no show" on his/her work day or has not made up a "no show" within the allocated two-week period or if the parent is habitually late on his/her work day.
- The parent failed to pay any fee impressed upon the member under the provisions of the Parents' Handbook within a reasonable period after such fees are due.
- The child or parent failed to adjust to the cooperative nursery school culture.

_____ I understand that all parties involved in an official complaint (the administration, teachers, and board of directors, and adult members) will follow the procedure stated in the Performance Improvement Process and Mutual Respect Policy.

FPNS Executive Director Signature

Printed Name

Date

Parent/Legal Guardian of Student Signature

Printed Name

Date

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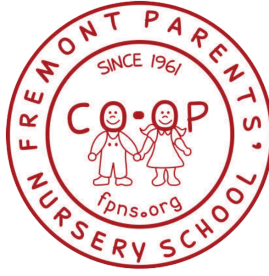


IMAGE RELEASE INFORMATION

Child's Name: _____ Group: _____

Parent 1: _____ Parent 2 : _____

_____ I understand photographs of the children will be taken while engaged in various activities and while interacting with parents and peers. These pictures will be used for weekly newsletters, to make a yearbook keepsake, and for (Whatsapp, Google Photos) communication/educational materials distributed **exclusively within the FPNS community**.

Fremont Parents' Nursery School endeavors to uphold children's personal rights. It is our commitment to safeguard the well-being of every child enrolled in our program. On occasion FPNS may want to use your child's photograph for **external reasons** stated below. Please carefully read the information below and select your preference.

May we publish your child's photograph on the FPNS website, brochures and other marketing materials, and social media platforms (i.e., Facebook and Instagram)?

- Yes, I give FPNS permission to publish my/our child's photograph on the above platforms.
- I prefer to sign a separate release for each photograph prior to publication on the above platforms.
- Do not publish any of my/our photographs on the above platforms.

If necessary, may we obtain video recording of your child for FPNS communication/educational use only?

- Yes, I give FPNS permission to obtain a video recording of my/our child.
- I prefer to sign a separate release to obtain a video recording of my/our child.

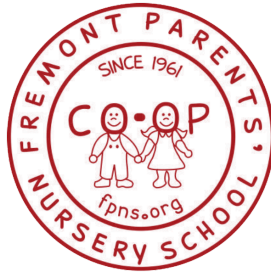
Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

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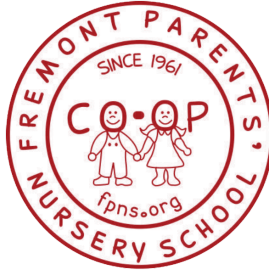
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**IMAGE RELEASE FORM
EDUCATIONAL USE ONLY**

Child's Name: _____

Parent 1: _____ Parent 2: _____

The FPNS staff may want to use your child's photo or video for educational purposes outside of FPNS. The FPNS staff endeavors to uphold children's personal rights. As part of our commitment to safeguard the well being of every child enrolled in our program, FPNS staff will retain possession of your child's photos with the exception of college related assignments and presentations.

Yes, I give FPNS permission to use photos and video recordings of my/our child for educational purposes.

I prefer to grant individual permissions to use photos and video recordings of my/our child and I would like to see them before granting permission.

No, I do not give FPNS permission to use photos and video recordings of my/our child for educational purposes.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

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**PARENT SIGNATURE PAGE
2024-25**

Print your name (Parent or Guardian)

Child's name

Handbook Agreement

I have read and understand the contents of the [FPNS Parent Handbook](#). I agree with the information and policies stated within the handbook and will abide by the guidelines, procedures, and responsibilities that are presented to me and my family.

Parent or Guardian Signature

Date

Confidentiality Agreement

- I agree to respect the dignity and privacy of other parents and children in the school.
- I agree that the emotional safety of our children and families is a priority.
- I will not discuss children or families in a public forum.
- I will not post information about children and families on the internet (e.g., Facebook).
- If I have any concerns, I will first address them with the Teacher and then with the Director.

Parent or Guardian Signature

Date

Food Policy Agreement

- I understand any religious or dietary restrictions should be discussed with the Teacher/Director.
- I understand my child's name will be posted on the allergy list (if applicable) along with the food items in question, and the appropriate action to be taken with respect to those foods.

Parent or Guardian Signature

Date

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SIBLING WAIVER

I have read and understand the guidelines for bringing my child to school on my workday. I understand that my child is not enrolled as a student at FPNS and therefore is not covered under FPNS's liability policy. I am releasing FPNS of any liability for my child.

Sibling's Names: 1. _____

2. _____

3. _____

Parent's Name (please print): _____

Parent's Signature

Date

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E-001-2024-002-9



COVID WAIVER AND INFORMATION 2024-25

Hello Parents/Guardians,

Please read and initial each line and provide your full signature at the end of the document. FPNS COVID waiver document has been outlined keeping the safety of our students, teachers, and parents. This guidance is based on available information about COVID-19 and is subject to change as additional information becomes available.

1. _____ I understand that if there is a reason to enter the facility beyond the designated drop-off and pick-up area I MUST sanitize or wash my hands upon entering.
2. _____ I understand that to enter the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the school. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

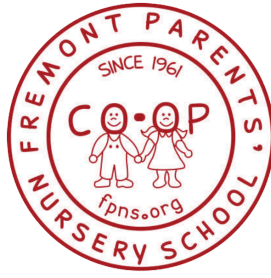
Symptoms include: Fever of 100.4 degrees Fahrenheit or higher Dry cough Shortness of breath
 Chills Loss of taste or smell Sore Throat Muscle aches Headache

3. _____ If my child or the participating parent exhibit any COVID-19 symptoms referenced above, I will refer to the [Safety Plan](#) to evaluate when my child may return to school.
4. _____ I understand that while present in the facility each day my child will be in contact with children, families, and teachers who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

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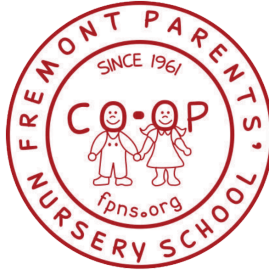
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**COVID WAIVER AND INFORMATION
2024-25**

I, the participating parent, _____ certify that I have read, understand, and agree to comply with the provisions listed herein to remain in good standing with FPNS

Child's Name _____ DOB _____

Parent 1 Name _____

Parent 1 Signature _____ Date _____

Parent 2 Name _____

Parent 2 Signature _____ Date _____

**The information in this document may change as the pandemic goes on and we learn more about COVID-19 based on guidance from the district, county, state, and CDC officials.

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All working parents must complete the training below.

1. Go to <https://online2.cce.csus.edu/dpr/login/index.php>
2. Click on Basic Course, and create a new account
3. Click on Available Courses, Select: *Basic IPM for the Classroom and Office Environment*, and then get started: there are 3 chapters of videos to watch with a 10-question quiz at the end (it takes about 25 minutes)
4. You must do the training on a desktop device, it cannot be completed from a mobile device.
5. Upon completion, a certificate will be emailed to you. Please forward your certificate to membership@fpns.org.

Please Follow the links to complete the following required State Licensing documents. You can Fill them out online and send them via email along with this packet. Thank you.

- [LIC 700 Identification form](#)
- [LIC 701 Physician's Report](#)
- [LIC 702 Child's preadmission history](#)
- [LIC 627 Emergency Consent for medical treatment form](#)
- [LIC 613A Personal rights \(bottom portion only\)](#)
- [LIC 995 Parent's Rights \(bottom portion only\)](#)
 - [LIC 995 D Removals, exclusions and Reinstatements](#) (view only)
 - [LIC 995 E Caregiver Background Check Process](#) (view only)
 - [LIC 995 F Caregiver Background Check Info](#) (view only)

All working parents must submit the following information with this packet.

- Copy of auto insurance declaration page
- Copy of Parents ID/DL
- Copy of working parent's TB test (within 1 year)
- Adult's vaccination record showing vaccination against Pertussis (TDaP), Measles (MMR), and Influenza (Flu)
 - Pertussis and Measles records due before your first day in the classroom
 - Flu vaccination records due on or before December 4, 2024
- Sign the last page of the [Safety Plan](#)

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