

# Family Network Preschool Enrollment Application

---

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Returning Student:    Yes             No

Child Information	
Child's Full Name:	
Nickname:	Age:
Date of Birth:	Sex:            Gender:
Ethnicity (optional):	
Siblings (names and ages):	
Parent/Guardian Information	
Parent/Guardian Full Name:	
Address (Number and Street):	
Address (City and Zip):	Phone:
Email:	
Occupation:	Phone:
Parent/Guardian Information	
Parent/Guardian Full Name:	
Address (Number and Street):	
Address (City and Zip):	Phone:
Email:	
Occupation:	Phone:

# Family Network Preschool Enrollment Application

## Program Schedule

**4 Days Per Week:** Monday through Thursday 8:30am - 3:30pm

**Will we need to facilitate a nap for your child?**

Yes

No

**To ensure we are in accordance with California law, we ask that you let us know if your child is:**

Fully Vaccinated  Partially Vaccinated  Medically Exempt from Vaccination

If you have any questions or concerns about this, please contact us.

The COVID-19 pandemic is a challenging and fluid situation. Federal, state, and local orders and guidance may change frequently. FNP will act in accordance with the restrictions and recommendations outlined by Community Care Licensing and local and state health departments.

As per state regulations, our capacity is limited to a steady cohort of 16 people (children + teachers). Applying does not guarantee your child's enrollment in the 2021-2022 school year.

Please include application fee payment (\$35) with your application. Make checks payable to Family Network Preschool, with 'FNP Application Fee' in the note field. A non-refundable enrollment fee is due within 7 days to secure your child's space upon notification of availability.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Official Use Only

**Application Received** \_\_\_\_\_ **Application Fee Paid** (Cash or Check?) \_\_\_\_\_

**Attended Open House Tour**  **Date** \_\_\_\_\_ **Attended Action Tour**  **Date** \_\_\_\_\_

**Offered A Space:** Accepted Offer  Declined Offer  Waitlisted

**Enrollment Fee Received** (Cash or Check #): \_\_\_\_\_