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   www.familynetworkpreschool.com
1225 Brommer St   FamilyNetworkSC@gmail.com
Santa Cruz, CA 95062   831.462.2535

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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 ☐

California law requires the following vaccinations for enrollment in preschool:
3 polio, 4 DTaP, 3 Hep B, 1 Varicella, 1 Hib, and 1 MMR.

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.

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 #): _____

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