



Office Use Only:	
Application Fee	_____
Paid Date	_____
Check #	_____
Family Meeting Date	_____

Admission Application

Child's Name _____ Date of Birth _____ Gender M F
First Last

Parent/Guardian

Name _____

Address _____ City _____ Zip _____

Employer & Address _____

Phone #s _____
Home Cell Work

Email _____

Parent/Guardian

Name _____

Address _____ City _____ Zip _____

Employer & Address _____

Phone #s _____
Home Cell Work

Email _____

Siblings (Name and Age) _____

Previous School/Day Care (include ages attended) _____

How did you hear about Fremont Community School? _____

Morning Program

Desired Number of Days: 2 3 4 5 **Desired Days of the Week:** M T W Th F

Note: This is a preliminary inquiry about your desired days. We CANNOT guarantee that your child will be able to receive the days that you have requested. If your child is accepted to FCS, we will work closely with you to find as close of a match as possible.

Afternoon Program

Please check one: Flexible days Regularly scheduled days

Desired Days of the Week: M T W Th F **Desired Hours:** _____

Note: The afternoon program is an hourly program open Monday through Friday 1:00pm-5:00pm with a two-hour minimum. Once enrolled, you may sign up on-line for regularly scheduled or flexible days/hours, pending space availability.

NOTE: If you are applying for morning and afternoon programs on the same day(s), mornings will be at Fremont Community School and afternoons will be at Tara's Tots (or vice versa). You will be asked to fill out appropriate paperwork and pay a \$50 application fee for both schools.

Office Use Only:		
Student List _____	Letter Sent _____	Letter Sent _____
Email List _____	Offer _____	Offer _____
Ack. Sent _____	Resp _____	Resp _____

Briefly answer the following questions:

1. What would you like us to know about your child and his or her developmental background?

2. Does your child have any special needs or exceptional abilities that need accommodation?

3. Why do you feel FCS is a good fit for your child?

Please enclose a **non-refundable application fee of \$50.00** with this form. Return to:
Fremont Community School, 3530 Interlake Ave N, Seattle, WA 98103 Attention: Teresa Donovan

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____