



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: Occasional Drop-In 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. You may sign up for regularly scheduled hours or drop-in, 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. You will be asked to fill out appropriate paperwork and pay a \$50 application fee for both schools.

