

**First United Methodist Cooperative Nursery Preschool
(FUMCN)
2012-2013 Enrollment Application
4 year olds**



Membership status & Information

Please check all that apply:

- Returning from current class _____
- Member of First United Methodist Church
- FUMCN alumnus in family – year _____
- Child regularly attends program at FUMC
- Interested in FUMCN Board position
- Interested in Financial Aid information
- Other _____

Please do not write in this box.

Class _____
Date application/fee received _____
Check# _____
Date registration fee received _____
Check# _____

Background Information

Child's name _____ Sex ____ Age ____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Cell phone _____ Email address _____
Parent(s) name(s) _____
Are you interested in the sibling nursery? ____ Are you interested in a 2 year old play group? ____
Does your child have any special needs? ____ If so, please describe _____

Session Preference

Please check your preference for a Monday/Wednesday/Friday session:

- I prefer the morning class (9:00-11:30), but will accept a multi-age afternoon position.
- I prefer the multi-age afternoon class (12:30-3:15), but will accept a morning position.
- I will only accept a morning class position.
- I will only accept a multi-age afternoon class position.

Fees

Before you can be considered for membership, you must submit a \$15 non-refundable application fee with this application. Upon notification of admission, you must then submit a non-refundable registration fee of \$60 by March 9 to guarantee a place in your FUMCN class. If you are applying after March 9, this fee is due upon notice of acceptance. Members pay tuition twice a year, at the cost of \$440 per semester. Please make all checks payable to FUMCN.

Placement

All new applications to FUMCN received by the end of the Open House on February 9 along with the \$15 fee will have their order of entrance determined by lottery; all applications received after that day will be added to the list in the order in which they are received. Please mail to: Kristi Simmons 516 Burr Oak Dr., Ann Arbor, MI 48103. Or contact Meghan Wernimont at 734-972-7329 or email at fumcncoop@yahoo.com with questions. **Please note that First United Methodist Church members and returning FUMCN families have a priority until February 9.**

Signature _____ **Date** _____

FUMCN admits students of any race, color, national or ethnic origin.

FUMCN is sponsored by First United Methodist Church, 120 S. State St., Ann Arbor, MI 48104

Membership Requirements Contract

Being part of a cooperative nursery is a commitment not only to your child, but to the program and other members as well. As a co-op parent, you will be expected to:

- 1 Assist in the classroom the number of times designated at the beginning of each semester.** This is approximately 7-9 times per semester.
- 2 Act as the emergency assist, or "on call" parent the number of times designated at the beginning of each semester.** This is approximately 2-3 times per semester.
- 3 Help with the maintenance of the school.** I will fulfill this requirement by signing up for the fall "set up" workday PLUS one other scheduled maintenance night per year.
- 4 Donate an item or items (craft, product or service worth a minimum of \$50) to the Annual FUMCN Auction held in mid-November and you are responsible for generating a minimum of \$75 in sales by participating in other fundraisers throughout the school year.** This is a major factor in keeping our tuition reasonable.
- 5 Fulfill my committee responsibilities.** I will be assigned a committee position when school begins. In order to keep the school running smoothly, we all must do our jobs.
- 6 Fulfill my financial responsibilities.** I will submit tuition payments as scheduled in the handbook. I understand that failure to do so may result in my child being withheld from school until this obligation is met. Tuition is paid by semester.
- 7 Donate refreshments two or three times each year for social events or special days when called upon.**
- 8 Attend FUMCN Fall Orientation Night, and an annual Winter Membership meeting.**

I commit to the above requirements. I also understand that other requests may be made of me and I agree to participate with other members to fulfill these requests.

Signature _____ Date _____

Note: Anyone who has prior criminal conviction(s) or has abused or neglected children or adults may not work as an assist parent at FUMCN.