

**First United Methodist Cooperative Nursery  
(FUMCN)  
2009-2010 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 FUMCN
- 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 reservation fee received \_\_\_\_\_  
Check# \_\_\_\_\_

**Background Information**

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Are you interested in the FUM-kids/Sibling nursery? \_\_\_\_\_ 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 (9:15-11:30), but will accept an afternoon position.
- I prefer the afternoon class (12:45-3:00), but will accept a morning position.
- I will only accept a morning position.
- I will only accept an afternoon position.

**Fees**

Before you can be considered for membership, you must submit a \$10 non-refundable application fee with this application. Upon notification of admission, you must then submit a non-refundable reservation fee of \$50 by April 1 to guarantee a place in your FUMCN class. If you are applying after April 1, this fee is due upon notice of acceptance. Members pay tuition twice a year, at the cost of \$ 408 per semester. Please make all checks payable to FUMCN.

**Placement**

All new applications to FUMCN received by the end of the Open House on March 6 with their 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: Colleen Burroughs, 1850 Robert St., Ann Arbor, MI 48104. Or contact Sarah Boren-Rao at 734-276-5991 or email at [fumcncoop@yahoo.com](mailto:fumcncoop@yahoo.com) with questions. **Please note that First United Methodist Church members and returning FUMCN families have priority until March 6.**

**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 6 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 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 workday 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.** This is our major fundraiser and the ONLY fundraiser required of each and every member. This is also 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.
- 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.*