



Woodland Parent Nursery School Application for Admission

Mail to: Attn: Membership
655 Fourth Street
Woodland, CA 95695

Email to: wpns_membership@yahoo.com

For Office Use Only					
Term:	FA	SP	SU	Year: _____	
Child Days:	M	T	W	TH	F
Parent Days:	1 st _____	2 nd _____	3 rd _____		
<input type="checkbox"/>	Registration Fee (New \$30; Returning \$15)				
<input type="checkbox"/>	Physician Report		<input type="checkbox"/> SB792 compliant		
<input type="checkbox"/>	Emergency Card		<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/>	TB Test (Expires: _____)		<input type="checkbox"/> Adult Ed Form		
<input type="checkbox"/>	Proof of Car Insurance (optional)				

CHILD'S FULL NAME _____
FIRST MIDDLE LAST

CHILD'S DATE OF BIRTH _____ NICKNAME (or name to use in school) _____

HOME ADDRESS _____
STREET _____
CITY STATE ZIP

HOME PHONE _____

EMAIL ADDRESS _____

WHO WILL BE THE PRIMARY WORKING PARENT OR GUARDIAN?
 MOTHER FATHER BOTH OTHER

MOTHER OR GUARDIAN _____
ADDRESS AND PHONE (if different from above) _____
CELL PHONE _____
WORK PLACE AND PHONE _____

FATHER OR GUARDIAN _____
ADDRESS AND PHONE (if different from above) _____
CELL PHONE _____
WORK PLACE AND PHONE _____

OTHER _____
ADDRESS AND PHONE (if different from above) _____
CELL PHONE _____
WORK PLACE AND PHONE _____

I would like to enroll myself and my child in WPNS starting:
 FALL SPRING SUMMER _____ YEAR
I would like my child to attend: MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS

My choices for parent workdays are: 1st choice _____ 2nd choice _____ 3rd choice _____

Comments:

(Please sign and date the Parent Contract on the next page.)

Woodland Parent Nursery School Parent Contract

I AGREE to the following:

1. To provide the following registration materials prior to my child's first day of attendance:

- Physicians' report for my child
- Copy of birth certificate for my child
- Emergency and Medical Release Form
- Negative TB test results for each working adult
- Proof of Measles and Pertussis Immunization for each working adult
- Registration Fee & 1st month's tuition

2. To spend the required number of volunteer hours, from 8:30 to 12:30 on assigned days, directly interacting, and observing the children in the nursery school. Example of work schedule: for a child attending 2 days a week, parent works 2 days a month plus 1 day per semester.

3. To secure another member to substitute when my absence is necessary and repay their time in kind or at the minimum wage rate.

4. *To submit, at the beginning of the school year, proof of auto insurance if driving on field trips.

5. *To give permission for my child to take school field trips off the school grounds. The school will provide adequate adult supervision.

6. The Director has my permission to release my child to the person(s) listed on the emergency card.

7. *To attend the school's evening meetings once a month, plus a four-hour Saturday meeting (TBA). Missing a meeting will result in a \$50 fine and an extra workday(s). (In the event of an emergency it is possible to avoid this penalty by contacting the director or a board member to discuss.)

8. *To participate in each semester's work party for a minimum of four (4) hours. That is a total of eight (8) hours per year. Missing a work party will result in a \$50 fine.

9. To take my turn providing for the weekend cleaning and maintenance of the school. Missing scheduled weekend maintenance will result in a \$50 fine.

10. To participate in membership hours for a minimum of two (2) hours each semester. That is a total of four (4) hours per year. Missing a membership hour for a semester will result in a \$50 fine.

11. *To meet each semester's fundraising requirement of \$200, for a total of \$400 per year. This can be bought out or fulfilled in part by the Annual Auction participation or other fundraising events.

12. *To participate in the Annual Auction; sell tickets, solicit donations, donate food to the event and perform committee work.

13. *To have a school job assignment.

14. To allow use of my child's photo or video recording for the sole purpose of WPNS publicity.

15. To pay all tuition, fees, and fines by the 10th of the month.

16. To give at least two (2) weeks written notice and bring all my participation and financial obligations up to date if it should become necessary to withdraw from the School prior to the end of the school year.

17. To have a wonderful time with my child at WPNS!

SIGNED _____ DATE _____

* Not applicable to Summer School

Woodland Adult Education Registration Form

Today's Date: _____

Last Name: _____ First Name: _____
(Please Print) (Please Print)

Birth Date: _____

Address: _____ Phone: _____

City: _____ ZIP: _____ Other Phone: _____

e-mail address: _____

OFFICE USE ONLY

Class Name: Woodland Parent Nursery School Class #: _____

Student ID#: _____

Woodland Adult Education Registration Form

Today's Date: _____

Last Name: _____ First Name: _____
(Please Print) (Please Print)

Birth Date: _____

Address: _____ Phone: _____

City: _____ ZIP: _____ Other Phone: _____

e-mail address: _____

OFFICE USE ONLY

Class Name: Woodland Parent Nursery School Class #: _____

Student ID#: _____



Woodland Parent Nursery School
655 Fourth Street, Woodland, CA 95695

Medical Authorization Form

I, _____, have placed my child(ren),
YOUR NAME
_____,
CHILD(REN)'S NAMES

with **Woodland Parent Nursery School.**

I hereby authorize the above school to have my child(ren) examined in the event of illness or injury during school placement and to obtain whatever medical care is recommended by a licensed physician.

DATE SIGNATURE RELATIONSHIP

Children's Names: _____

Birthdate(s): _____

Home Address: _____

Emergency Phone Numbers:

Mother: _____ Father: _____

Other adult authorized to pick up your child(ren):

Name: _____ Relationship: _____

Phone Number(s): _____

Physician to be called in emergency: _____

Last Tetanus Shot: _____ Drug Allergies: _____

Food Allergies: _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.