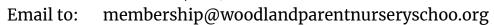
Woodland Parent Nursery School

Oaks Under 2 Application

Mail to: Attn: Membership

655 Fourth Street Woodland, CA 956





CHILD'S FULL NA	ME					
		FIRST		MIDDLE	LAST	
CHILD'S DATE OF BIRTH		NICKNAME (or name to use in school)				
HOME ADDRESS_						
	STRE	ET	CITY		STATE	ZIP
FAMILY EMAIL AI	DDRESS(ES)					
WHO WILL BE TH	E PRIMARY WO	RKING PAREN	T OR GUARDIAN	?		
■ MOTHER	▼ FATHEF	R 🗷 I	ВОТН	■ OTHER: _		
MOTHED OD CIIVI	DDIAN					
MOTHER OR GUAI ADDRESS AND PH	ONE (if differer	nt from above)				
CELL PHONE	(== ===================================	,				
WORK PLACE AND	PHONE					
FATHER OR GUAR	DIAN					
ADDRESS AND PH						
CELL PHONE	DIIONE					
WORK PLACE AND	PHONE					
OTHER						
ADDRESS AND PH		it from above)				
CELL PHONE						
WORK PLACE AND	PHONE					
I would like to enr	oll myself and r	ny child in WP	NS for (circle all	that apply): F	ALL SPRING	SUMMER
I AGREE:						
	t least one WPN	S family educa	ation meeting du	ring the session	1.	
to help clea	an-up at least tv	wo times durin	g the session.	· ·		
to respond	to communicat	ions from the	teacher, board, a	and the WPNS co	ommunity.	
to pay a \$10	o registration fe	e/year and \$2	o/month facilitie	es fee		
to give my	permission for	my child(ren)	to be photograph	ned while at sch	ool events.	
-			if it should becor	ne necessary to	withdraw from	WPNS
to have a w	onderful time v	vith my child a	it WPNS!			

SIGNED ______ DATE _____