

Woodland Parent Nursery School

Oaks Under 2 Application



Mail to: Attn: Membership
655 Fourth Street
Woodland, CA 956

Email to: membership@woodlandparentnurseryschool.org

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

FAMILY EMAIL ADDRESS(ES) _____

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 for (circle all that apply): **FALL** **SPRING** **SUMMER**

I AGREE:

- to attend at least one WPNS family education meeting during the session.
- to help clean-up at least two times during the session.
- to respond to communications from the teacher, board, and the WPNS community.
- to pay a \$10 registration fee/year and \$20/month facilities fee
- to give my permission for my child(ren) to be photographed while at school events.
- to give at least two weeks written notice if it should become necessary to withdraw from WPNS
- to have a wonderful time with my child at WPNS!

SIGNED _____ DATE _____