



Dear Parents/Guardians,

We are delighted to welcome you to Woodland Parent Nursery School “Rainbow School” (WPNS), a parent cooperative where we believe in working together to create a nurturing and engaging learning environment for our children. We can't wait for you to be a part of our close-knit community!

If you haven't had the chance to visit us yet, we would love to schedule a tour for you to see our program in action. Our families and experienced educational director are eager to show you the unique benefits of our cooperative nursery school.

**To ensure priority enrollment, we kindly request that you submit your completed registration paperwork and enrollment fee as soon as possible. We operate on a first-come, first-serve basis, and we wouldn't want you to miss out on the opportunity to join our vibrant community.**

To learn more about what WPNS has to offer, please visit our website and don't hesitate to reach out to us at [membership@woodlandparentnurseryschool.org](mailto:membership@woodlandparentnurseryschool.org) with any questions.

Thank you again for considering Woodland Parent Nursery School.



# Tuition Rates 2023-2024

## Mulberries Summer Camp, 2-6 year olds

### TUES/THURS

8:30 am - 11:30 am — 2 days / week

- **\$160 per month** with in-class family participation
- **\$280 per month** without in-class family participation

## Oaks Summer Camp, 2-6 year olds

### MON/WED/FRI

8:30 am-11:30 am — 3 days / week

- **\$240 per month** with in-class family participation
- **\$420 per month** without in-class family participation (“Limited Participation”)

### MON - FRI

8:30 am-11:30 am — 5 days / week

- **\$400 per month** with in-class family participation
- **\$700 per month** without in-class family participation (“Limited Participation”)

### Sibling discount:

- We offer a 10-15% sibling discount for families that have multiple children enrolled.



**Woodland Parent Nursery School  
Application for Admission**

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

Email to: mem@woodlandparentnurseryschool.org

<b>For Office Use Only</b>	
Term:	<input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU Year: _____
Child Days:	T W TH F
Parent Days:	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
<input type="checkbox"/>	Registration Fee (Non-refundable \$50)
<input type="checkbox"/>	Materials & Maintenance Fee (Non-refundable \$50)
<input type="checkbox"/>	First Month Tuition
<input type="checkbox"/>	Emergency Card
<input type="checkbox"/>	TB Test (Expires: _____)

CHILD'S FULL NAME

\_\_\_\_\_

FIRST MIDDLE LAST

CHILD'S DATE OF BIRTH

\_\_\_\_\_

NICKNAME (to use in school)

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

STREET

\_\_\_\_\_

CITY

STATE

ZIP

HOME PHONE

\_\_\_\_\_

CELL PHONE

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

WHO WILL BE THE PRIMARY WORKING PARENT OR GUARDIAN?

- MOTHER  FATHER  BOTH  OTHER  N/A - LIMITED PARTICIPATION

MOTHER OR GUARDIAN FULL NAME \_\_\_\_\_

ADDRESS AND PHONE (if different from above) \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORKPLACE AND PHONE \_\_\_\_\_

FATHER OR GUARDIAN FULL NAME \_\_\_\_\_

ADDRESS AND PHONE (if different from above) \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORKPLACE AND PHONE \_\_\_\_\_

OTHER FULL NAME \_\_\_\_\_

ADDRESS AND PHONE (if different from above) \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORKPLACE AND PHONE \_\_\_\_\_

Enroll myself and my child in WPNS starting:  SUMMER \_\_\_\_\_ YEAR

I would like my child to attend :  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

My choices for parent work days are: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

## **Woodland Parent Nursery School Parent Contract**

I AGREE to the following:

### **CARE**

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

All documentation within enrollment package, including but not limited to:

- o Emergency and Medical Release Form
- o Negative TB test results for each working adult
- o Signed statement of health for each working adult
- o Proof of MMR and Tdap Immunization for each in-class working adult
- o First month's tuition
- o Non-refundable Registration Fee
- o Non-refundable Maintenance Fee

2. To provide my child with a nutritious mid-morning snack, appropriate attire, and backup clothing.

3. To pick up my child from the center promptly at the end of the school day.

4. To sign my child into school using the child and adult's first and last names and time of arrival.

5. To sign the child out of school using the child and adult's first and last names and time of departure.

6. To notify the school when the child is absent.

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

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

### **PARTICIPATION**

9. To spend the required number of volunteer hours, from 8:00 to 12:00 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.

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

11. To participate for a minimum of two (2) hours each summer. Missing a membership hours for a semester will result in a \$50 fine.

### **PAYMENTS**

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

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

### **TERMINATION OF THE AGREEMENT**

This agreement shall be terminated if any one of the following occurs:

14. The school year has come to an end.

15. Serious and/or prolonged illness has prevented the child from attending.

16. The agreed upon tuition has not been paid 30 days post tuition due date.

You will be given at least 30 days notice before any changes are made to this agreement.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



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: \_\_\_\_\_