

# **Summer 2024 CAMP**

The Woodland Parent Nursery School Summer camp will take place Monday, June 17th - Friday August 16th. Camp tuition is due prior to camp and enrollment separate from the standard school year.

Camp is first come first serve, so please return enrollment form quickly to sign up.

## **Basics**

- \$25.00 Registration
- 8:30 am to 11:30 am

## **Weekly Rates**

\$100 / 5-days with in class participation (\$200 without)

If you have any questions or suggestions, please reach out to membership@woodlandparentnurseryschool.org



# Woodland Parent Nursery School Camp Enrollment

Mail to: Attn: Membership

655 Fourth Street Woodland, CA 95695

Email to: hello@woodlandparentnurseryschool.org

For Office Use Only		
Term: FA SP	SU	WN Year:
Tuition Registration fee Statement of health Emergency card		

CHILD'S FULL NAME				
•	FIRST	MIDDLE	_	LAST
CHILD'S DATE OF BIRTH		NICKNAME (to use in s	school)	
HOME ADDRESS				
	STREET			
-	CITY		STATE	ZIP
HOME PHONE		CELL PHONE		
EMAIL ADDRESS				
CAREGIVER #1 FULL NAME_				
ADDRESS AND PHONE (if diff				
CELL PHONE				<u> </u>
WORKPLACE AND PHONE				<u>.</u>
N/A - LIMITED PARTICIPA	ATION PRIMARY IN-CI	ASS WORKING PARE	NT?	
CAREGIVER #2 FULL NAME_				
ADDRESS AND PHONE (if diff	erent from above)			
CELL PHONE				
WORKPLACE AND PHONE				
PRIMARY IN-CLASS WORK	ING PARENT?			
Enroll myself and my child in	1 WPNS CAMP: SUMME	R 2024		
■ WEEK 1: June 17-21	WEEK 2: June 24	28	WEEK :	3: Jul 1-5
■ WEEK 4: July 8-12	WEEK 5: July 15-	-19	WEEK	6: July 22-26
■ WEEK 7: July 29 - August	2 WEEK 8: August	5-9	WEEK	9: August 12- 16
My choices for parent work of	lays are: 1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>r</sup>	dchoice

### Woodland Parent Nursery School Parent (WPNS) Contract

I AGREE to the following:

#### **CARE**

- 1. To provide the following registration materials prior to my child's first day of attendance:
- 2. All documentation within enrollment package, including but not limited to:
  - a. Emergency and Medical Release Form

- c. Tuition
- Signed statement of health for each working adult

- d. Non-refundable Registration Fee
- 3. To provide my child with a nutritious mid-morning snack, appropriate outdoor attire, and backup clothing.
- 4. To pick up my child from the center promptly at the end of the school day.
- 5. To sign my child into school using the child and adult's first and last names and time of arrival.
- 6. To sign the child out of school using the child and adult's first and last names and time of departure.
- 7. To notify the school when the child is absent.
- 8. The Director has my permission to release my child to the person(s) listed on the emergency card.

### PARTICIPATION (APPLICABLE TO IN-CLASS PARTICIPATING FAMILIES)

- 10. 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. Missing a day will result in a \$50 fine.
- 11. To take my turn providing for the weekend cleaning and maintenance of the school. Missing scheduled weekend maintenance will result in a \$50 fine.
- 12. To secure another member to substitute when my absence is necessary, and repay their time in kind or at the minimum wage rate.

#### **PAYMENTS & TERMINATION**

- 13. To pay all tuition and fees before the start of camp session.
- 14. This agreement shall be terminated if any one of the following occurs:
  - a. The camp session has come to an end.
  - b. Serious and/or prolonged illness has prevented the child from attending.

SIGNED	DATE	



# **Medical Authorization Form**

I,		have placed my child		
YOUR NAM				
		, with Woodland Parent Nursery School		
CHILD's NAME	. 1			
i hereby authorize the above scr injury during school placement licensed physician.	and to obtain whateve	xamined in the event of illness or r medical care is recommended by a		
RELATIONSHIP	DATE	SIGNATURE		
Child's Name:		Birthdate:		
Home Address:				
<b>Emergency Phone Numbers:</b>	Mother / Parent 1			
		Phone Number		
	Father / Parent 2			
Other adult(s) authorized to pick up your child:		Phone Number		
Name	Phone	Relationship		
Name	Phone	Relationship		
Name	Phone	Relationship		
Physician to be called in emerge	псу:			
Food Allergies:				
Drug Allergies:				
Last Tetanus Shot:				