



Ojai Valley Community Nursery School

Wait Pool Enrollment Form

Date _____

Child's Name _____

Gender _____ Birth date _____ Program Applying for _____ toddler _____ preschool

Participating parent or guardian's name _____

Mother's name _____ Father's name _____

Mother's address _____ Father's address _____

Mother's email _____ Father's email _____

Mother's phone (h) _____ (w) _____ (c) _____

Father's phone (h) _____ (w) _____ (c) _____

Name and phone of any other adults living with child _____

Siblings names and ages _____

Has your child had any experience with separation or childcare? _____
describe _____

Please list any allergies? Preferences? _____

Is your child potty trained? Please describe, if necessary _____

Does your child take naps? What time of day? _____

Preferred Workday (preschool parents only) 1st choice _____ 2nd choice _____

How did you learn about OVCNS _____

Previous experience at OVCNS or other preschool _____

Please describe your interests and things you would like to help out with at the school (just some ideas. This is not a commitment yet!) _____