



CVUSD Child Care | 2801 Atlas Avenue | Thousand Oaks CA 91360  
 Phone 805-492-3567 Fax 805-492-2302 Email [cvusdccb@conejousd.org](mailto:cvusdccb@conejousd.org)

**wonder Preschool**  
**CVUSD Early Childhood Center**  
**Registration for New Enrollees**  
**2019-2020**

**Submission of this application form does not guarantee enrollment.**  
 A **\$50 per child, nonrefundable application fee** must be attached (cash, check or Visa/MasterCard accepted).  
**Beginning April 15, 2019, the application fee increases to \$75 per child.**

Name of child/ren to be enrolled:		Birth date (mo/day/yr):
_____	Gender: ( M / F )	_____
_____	( M / F )	_____

Do you have siblings currently enrolled or newly enrolling in CVUSD Child Care? YES      NO

If YES, which school? \_\_\_\_\_  
 and  
 Child Name: \_\_\_\_\_

Are you a continuing CDR family? YES      NO  
 If YES, attach copy of current Notice of Action.

Are you enrolling a new child who is in Special Education? YES      NO  
 If YES, attach copy of most recent IEP.

Are there any other special conditions which we need to be aware of when providing care for your child? YES      NO  
 If YES, please explain on reverse under "Comments".

**(If you answered YES to any of the above questions, your application will NOT be processed until all questions are answered and necessary documentation is provided.)**

**Name of Parent/Guardian(s) (Please Print Legibly):**      Home Phone:      Work Phone:      Cell Phone:

**Mother:**  
 1. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

**Father:**  
 2. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

**Preschool Programs:** Please CIRCLE the program desired along with the corresponding monthly tuition.

	CHILD CARE			
	Preschool PROGRAM <u>8 - 4</u>	CHILD CARE FULL DAY <u>7 - 6</u>	CHILD CARE <u>7 - 4</u>	CHILD CARE <u>8 - 6</u>
<b>FULL DAYS</b>				
5 Days	\$ 968	\$ 1188	\$ 1039.50	\$ 1111
3 Days	\$ 671	\$ 819.50	\$ 720.50	\$ 770
2 Days	\$ 484	\$ 583	\$ 517	\$ 550

	Preschool PROGRAM <u>8 - 11:30</u>	CHILD CARE <u>7 - 11:30</u>
<b>PARTIAL DAYS</b>		
5 Days	\$ 605	\$ 676.50
3 Days	\$ 363	\$ 412.50
2 Days	\$ 242	\$ 275

**NOTE:** All fees listed are level pay amounts. You will pay the same amount each month August through May (10 equal payments) during the school term. Your first payment is due August 5, and no later than August 9. All future payments are due on the 1<sup>st</sup> of each month, and considered late after the 10<sup>th</sup>. \$30 late fee applies for payment received after the 10<sup>th</sup>. There will be no tuition owed for June 2020.

**COMMENTS:**

I understand that it is my responsibility to answer all questions and provide all needed information and necessary documentation *prior* to my registration being accepted.

I understand that by signing this form, I am the enrolling parent and if my child(ren) is/are enrolled in any of the above child care programs, I am assuming full financial responsibility for payment to University Center Preschool of any tuition thereof.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (Please Print) \_\_\_\_\_

.....Office Use Only.....

Date \_\_\_\_\_ Registration fee paid cash \_\_\_ cc \_\_\_ check number \_\_\_\_\_ Staff Initials \_\_\_\_\_