



CVUSD Child Care | 2801 Atlas Avenue | Thousand Oaks CA 91360
 Phone 805-492-3567 Fax 805-492-2302 Email cvusdcc@conejousd.org

wonder Preschool
CVUSD Early Childhood Center
Registration for New Enrollees
2018-2019

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, 2018, 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?
 If YES, attach copy of current Notice of Action. YES NO

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

Are there any other special conditions which we need to be aware of when providing care for your child?
 If YES, please explain below: YES NO

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. All fees listed are level pay amounts. You will pay the same amount each month (September through May) during the school term. June tuition will be billed at a reduced rate.

	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>
FULL DAYS				
5 Days	\$ 968 / 869 sib	\$ 1188 / 1067 sib	\$ 1039.50 / 935 sib	\$ 1111 / 1001 sib
3 Days	\$ 671 / 605 sib	\$ 819.50 / 737 sib	\$ 720.50 / 649 sib	\$ 770 / 693 sib
2 Days	\$ 484 / 434.50 sib	\$ 583 / 522.50 sib	\$ 517 / 467.50 sib	\$ 550 / 495 sib

	Preschool PROGRAM <u>8 - 11:30</u>	CHILD CARE <u>7 - 11:30</u>
PARTIAL DAYS		
5 Days	\$ 605 / 544.50 sib	\$ 676.50 / 610.50 sib
3 Days	\$ 363 / 324.50 sib	\$ 412.50 / 375 sib
2 Days	\$ 242 / 220 sib	\$ 275 / 247.50 sib

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 _____