



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

wonder Preschool
CVUSD Early Childhood Center
Registration for New Enrollees
2020-2021

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 1, 2020, the application fee increases to \$75 per child.

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

Are you applying for **School Choice**? YES NO
If YES, to which school/s? _____
If YES, attach copy of your completed School Choice application.

Are you currently receiving outside agency assistance (e.g. CDR)?
If YES, attach copy of current Notice of Communication.

Are you enrolling a child that has an IEP?
If YES, attach/provide copy of updated IEP by June 11, 2020.

Are you enrolling a child that has a 504 Plan?
If YES, attach/provide copy of updated 504 Plan by June 11, 2020.

Are there any other special conditions which we need to be aware of when providing care for your child? 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:
Parent 1:
1. _____

Address: _____ City _____ Zip Code _____ E-Mail _____

Parent 2:
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> |
| FULL DAYS | | | | |
| 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> |
|---------------------|---------------------------------------|--------------------------------|
| PARTIAL DAYS | | |
| 5 Days | \$ 605 | \$ 676.50 |
| 3 Days | \$ 363 | \$ 412.50 |
| 2 Days | \$ 242 | \$ 275 |

NOTE: Prices subject to change. 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 3. All future payments are due on the 1st of each month. \$30 late fee applies for payment received after the 1st. There will be no tuition owed for June 2021.

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 _____