



Conejo Valley Unified School District

CHILD CARE

2801 Atlas Avenue, Thousand Oaks, California 91360-2999
Telephone (805) 492-3567 • FAX (805) 492-2302

Jeffrey L. Baarstad, Ph.D.
Superintendent of Schools

Amie Mills
Child Care Administrator

Child Care Registration for New Enrollees School Year 2014-2015

Submission of this Registration form does NOT guarantee enrollment.

A **\$50 per child, nonrefundable registration fee** must be attached (cash, check or Visa/MC accepted).

Applications will be accepted beginning February 3, 2014 and will be on a **First-Come/First-Served basis** based on the date and time form is received at the Child Care office (located at above address).

Enrolling / Neighborhood School: _____

Name of child/ren to be enrolled (please print):

Grade Level in **2014-2015**
School Year:

_____ Gender:
(M / F)

_____ (M / F)

Are you applying for a School Choice or Program Improvement Transfer?

YES NO

If YES, to which school/s? _____

If YES, attach copy of your completed School Choice or Program Improvement Application.

Are you currently receiving outside agency assistance?

YES NO

If YES, attach copy of current notification.

Are you enrolling a child who is in Special Education?

YES NO

If YES, attach copy of most recent IEP.

Is your student on a 504?

YES NO

If YES, attach copy of most recent 504 Plan.

Is your child receiving ELD (English Language Development) services?

YES NO

If YES, share child's ELD Level, 1 – 5 _____

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 below (continue on reverse side if needed):

School Stamp

OVER

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 _____

Child Care Programs: Please CHECK the program(s) desired and CIRCLE the monthly tuition. All fees listed are level pay amounts. You will pay the same amount each month (September through June) regardless of the number of days in each month.

PROGRAMS	Full Time (11+ days/mo)	Family Rate (2nd child)	Part Time (No family discount) (Maximum 10 days per mo)
All Schools (gr 1-5)			
_____ Before/After School Care (AM/PM)	\$350	\$320	\$280
All Schools (except Sycamore Canyon)			
_____ TK/Kindergarten Enrichment Only (KE)	\$120	\$110	N/A
_____ TK/Kindergarten Enrichment (KE) + AM/PM	\$470	\$430	\$375

Sycamore Canyon School ONLY:

_____ TK/Kindergarten Enrichment Only (KE)	\$240	\$220	N/A
_____ TK/Kindergarten Enrichment + AM/PM	\$535	\$485	\$435

Program availability is subject to change.

Comments (cont.):

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 CVUSD Child Care 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.....

Registration fee paid: Cash _____ Check number _____ CC _____ Staff Initials _____