



858 UNIVERSITY AVE, LOS ALTOS 650 641-0194

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2011/2012 Enrollment /Re-enrollment

Please check one: Enrollment (1<sup>st</sup> time) \$250.00  Re-enrollment \$200.00

This form must be accompanied by a check for amount indicated above which is non refundable

Student's Name \_\_\_\_\_ Male  Female  DOB \_\_\_\_ \_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle  
Number and Street City Zip Code

Name of father) \_\_\_\_\_ email father \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of mother) \_\_\_\_\_ Email mother \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parents' Marital Status:  Married  Divorced  Separated  Remarried  Other \_\_\_\_\_

Church/Denominational preference \_\_\_\_\_

Please state child's special interests, skills or hobbies \_\_\_\_\_  
\_\_\_\_\_

Allergies? \_\_\_\_\_ Special Medications? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Name and address of person responsible for account: \_\_\_\_\_

(over)

Program interested in:

2 Year Old 9:00 AM to 12:00 AM	3 Year Old 9:00 AM to 12:00 AM	Kinder-Prep 9:00 AM to 12:00 AM
<input type="checkbox"/> Tuesday/Thursday (\$3750.00 annually)	<input type="checkbox"/> Mon/Wed/Fri (\$5100.00 annually)	<input type="checkbox"/> Tuesday/Thursday (\$3750.00 annually)
<input type="checkbox"/> 1:00-3:00 PM Mon/Wed/Fri (\$3750.00 annually)	<input type="checkbox"/> Monday-Friday (\$7400.00 annually)	<input type="checkbox"/> Mon/Wed/Fri (5100.00annually)
		<input type="checkbox"/> Monday-Friday (\$7400.00 Annually)

All morning classes include gymnastics

COMMITMENTS

- We understand that returning this application *does not guarantee* my child a placement in University Child Development Center
- We understand that the standards of University Child Development Center will not tolerate obscenity in word or action, disrespect to personal or school property, disrespect to fellow students or the personnel of the school.
- If a problem arises with our child within the School, we understand that our child may be placed on probation as stated in the Parents Handbook.

Signature of Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

UCDC requires that all students be covered under medical insurance. If you do not have medical coverage for your child and need assistance in this area, please contact the director's office for information.

Name of Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

University Child Development Center does not discriminate on the basis of race, color, national or ethnic origin in its educational policies or school-administered programs.