



858 UNIVERSITY AVE, LOS ALTOS 650 641-0194

2011/2012 Enrollment /Re-enrollment

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