



CVUSD Preschool @ City Center Preschool Application Form



Date _____

Hours of care needed Monday through Friday.
Maximum of 10 hours 7am – 5pm; 7:30am-5:30pm; 8am -6pm

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Date services needed _____ **Classroom** _____

Child's Name _____ Birthdate _____

Address _____ City _____ Zip _____

Mother/Guardian Name _____

Address (if different from above) _____

Daytime Phone _____ Cell _____

Email Address _____

Father/Guardian Name _____

Address (if different from above) _____

Daytime Phone _____ Cell _____

Primary Language Spoken in the Home _____

Allergies, medical problems, or other concerns we should be aware of _____

Has your child been screened for speech or other developmental issue? _____

Deposit Required: Registration Fee of \$100.00 Registration Fee is Non-Refundable

Please make checks payable to: CVUSD

_____ (Parent Initials) Date paid: _____

Completion of this application with **submission of child's immunization card, current physical**, and payment of fees will hold a space on waiting list if class is full. Registration process must still be completed before your child can attend class.