

**El Jardín de Niños de la Universidad - University Garden Preschool at University  
Preparation Charter School at CSU Channel Islands**

1099 Bedford Drive ♦ Camarillo, CA 93010

**PRESCHOOL ENROLLMENT APPLICATION FOR 2020– 2021 SCHOOL YEAR**

**Instructions to Parents:** (Please Print) **1. Please fill out one application per child. 2. Registration packets will be completed upon acceptance. 3. Must have a “daytime” phone number listed for contact.**

**1. Pupil's Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Name

Last Name

(9-1-17 example)

**Age of Child on Sept. 1, 2020** \_\_\_\_\_ Male/Female \_\_\_\_\_

Language your child speaks most fluently: \_\_\_\_\_ Second Language (if applicable) \_\_\_\_\_

Residential Address \_\_\_\_\_

Street

City

State

Zip

Mailing Address – If different from residence \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name

Home

Cell

Work \_\_\_\_\_ (circle one to call)

Sibling's applying for same school year: Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

**One application is needed for each student applying**

Sibling's currently enrolled/attending UPCS: Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

**Please check if applicable:**

Current Student Sibling Priority Name(s): \_\_\_\_\_

UPCS Employee

Currently Attending El Jardin Preschool

CSUCI Faculty

Camarillo Resident

**In signing this form I understand: (1) Approval is subject to availability of space. (2) Parent is responsible for pupil transportation. (3) If no space is available at this time, I will be placed on a waiting list through a random selection procedure and contacted when my name becomes available.**

\_\_\_\_\_  
Parent's /Guardian's Signature

\_\_\_\_\_  
Date

**For School Use Only**

Accepted Date \_\_\_\_\_  Declined Date \_\_\_\_\_  Date Received w/ Initials \_\_\_\_\_

Lunch Application Attached (MUST BE ATTACHED)  Scholarship Requested  Tuition (if scholarship not available)