

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

550 Temple Avenue ♦ Camarillo, CA 93010

CHARTER PRESCHOOL ENROLLMENT APPLICATION FOR 2017- 2018 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 (9-1-11) example
Age of Child on Sept. 1, 2017 _____ Male/Female _____

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

Residential Address _____
Street City State Zip

Mailing Address – If different from residence _____

Parent's/Guardian's Name _____ Phone _____
First and Last Name Home Work

Cell _____ (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 UPS/UCMS: Name(s) _____ Grade(s) _____

Please check if applicable:

- Current Student Sibling Priority Name(s): _____
- UPS 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 Scholarship Requested Tuition (if scholarship not available)
(MUST BE ATTACHED)