

# CampbellCare

**CAMPBELL UNION SCHOOL DISTRICT**  
**PROGRAM REGISTRATION**  
**2009-2010**

DATE: \_\_\_\_\_

155 N. Third St. Campbell CA 95008 • Phone: 408-341-7000 ext. 6378 • Fax: 408-341-7272 • Website: www.campbellusd.org

<b>CHILD'S LAST NAME</b>	<b>CHILD'S FIRST NAME</b>	<b>ENTERING GRADE</b>
<b>Date of Birth</b> MM/DD/YY	<b>School Site Desired:</b> ___Blackford ___Capri ___Castlemont ___Forest Hill ___Lynhaven ___Marshall Lane ___Rolling Hills <b>Daily Hours: 6:30am – 6:00pm (No AM care at Rolling Hills) (5-8 only)</b>	

• \* Complete this form and send it with payment to the school site before June 1, 2009 \*\*

• If mailing after June 1, 2009 please mail to 155 N. 3<sup>rd</sup> Street Campbell, CA. 95008 to guarantee your enrollment

BLACKFORD ELEM	CAPRI ELEM.	Castlemont Elem.	Forest Hill Elem.	Lynhaven Elem.	Marshall Lane Elem.	Rolling Hills Middle
1970 WILLOW ST SAN JOSE 95125 408 341-7000 Ex. 7035/36	850 CHAPMAN DR CAMPBELL 95008 408 341-7000 Ex. 7125	3040 E. Payne Ave. Campbell 95008 408-341-7000 Ex. 4380	4450 McCoy Ave San Jose 95130 408-341-7000 Ex. 4741	881 S. Cypress Ave. San Jose 95117 408-341-7000 Ex. 4853	14114 Marilyn Ln. Saratoga 95070 408-341-7000 Ex. 4480	1585 More Ave. Los Gatos 95032 408-341-7000 Ex. 5199

MOTHER'S INFORMATION				FATHER'S INFORMATION			
<i>LAST NAME</i>		<i>FIRST NAME</i>		<i>LAST NAME</i>		<i>FIRST NAME</i>	
Address				Address			
Home Phone		Wk. Phone		Home Phone		Wk. Phone	
Cell/Pager		Email		Cell/Pager		Email	

### PROGRAM OPTIONS AND MONTHLY FEES

ELEMENTARY SCHOOL PROGRAM	SEP-NOV	DEC&JUNE	MIDDLE SCHOOL PROGRAM	SEP-NOV	DEC&JUNE
		(PRO RATED)			(PRO RATED)
<input type="checkbox"/> Before School only (5 days).....	\$231/mo	\$101/mo	<input type="checkbox"/> After School only (5 days)*.....	\$411/mo	\$181/mo
<input type="checkbox"/> After School only (5 days)*.....	\$477/mo	\$212/mo	<input type="checkbox"/> Part-time (3 days)*.....	\$249/mo	\$109/mo
<input type="checkbox"/> Before & After School (5 days)*.....	\$525/mo	\$230/mo	<i>Which Days? M T W Th F</i>		
<input type="checkbox"/> After School only - 3 days*.....	\$298/mo	\$148/mo	<input type="checkbox"/> Part-time (2 days)*.....	\$174/mo	\$84/mo
<i>Which Days? M T W Th F</i>			<i>Which Days? M T W Th F</i>		
<input type="checkbox"/> Before & After School - 3 days*.....	\$339/mo	\$169/mo	<i>*Priority enrollment will be given to full-time, after-school students.            Part time care will be available if space permits.</i>		
<input type="checkbox"/> After School only - 2 days*.....	\$231/mo	\$101/mo			
<i>Which Days? M T W Th F</i>					
<input type="checkbox"/> Before & After School - 2 days* .....	\$269/mo	\$134/mo	Is sibling already enrolled in program? Yes No		
<i>Which Days? M T W Th F</i>			Name of Sibling: _____		

~December and June are pro rated at the lower amount since they attend less days those months ~

### METHOD OF PAYMENT

I AGREE TO PAY THE \$75.00 NON-REFUNDABLE REGISTRATION FEE TO SECURE MY SPOT AND PAY THE MONTHLY TUITION USING THE PAYMENT METHOD INDICATED BELOW.

<input type="checkbox"/> Check/Money Order (Payable to CUSD) Attach Check w Application	<input type="checkbox"/> Automatic Deduction (ACH) Attach completed ACH form	<input type="checkbox"/> Subsidized by _____ Attach Agency's approved Certificate of Coverage
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Payment of the \$75.00 will guarantee your child's spot in the program.



#### FOR OFFICE USE ONLY

<input type="checkbox"/> Deposit paid	<input type="checkbox"/> Green Card	<input type="checkbox"/> Internet Agreement	<input type="checkbox"/> Photo Release
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Parent Contract	<input type="checkbox"/> Release of Liability	<input type="checkbox"/> ACH Form

Registration Date \_\_\_\_\_

**PLEASE FILL OUT ONE FORM PER CHILD**

Revised 2-17-09