

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

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

• * 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. 3rd 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	850 CHAPMAN DR	3040 E. Payne Ave.	4450 McCoy Ave	881 S. Cypress Ave.	14114 Marilyn Ln.	1585 More Ave.
SAN JOSE 95125	CAMPBELL 95008	Campbell 95008	San Jose 95130	San Jose 95117	Saratoga 95070	Los Gatos 95032
408 341-7000	408 341-7000	408-341-7000	408-341-7000	408-341-7000	408-341-7000	408-341-7000
Ex. 7035/36	Ex. 7125	Ex. 4380	Ex. 4741	Ex. 4853	Ex. 4480	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
	JAN-MAY	(PRO RATED)		JAN-MAY	(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	*Priority enrollment will be given to full-time, after-school students. Part time care will be available if space permits.		
<input type="checkbox"/> After School only - 2 days*.....	\$231/mo	\$101/mo			
<input type="checkbox"/> Before & After School - 2 days*	\$269/mo	\$134/mo			
<i>Which Days? M T W Th F</i>			Is sibling already enrolled in program? Yes No		

Name of Sibling: _____

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

PLEASE FILL OUT ONE FORM PER CHILD

Revised 2-17-09