



UNIVERSITY OF CALIFORNIA, IRVINE

CHILD CARE SERVICES

REGISTRATION FORM

Child's Name _____
Last First Middle

Nickname _____ Birthdate _____ Child's Gender _____

Child's Address _____
Number & Street City Zip

Parent's Name _____ Cell Phone# _____

Driver's License # _____ Alternate # _____

Email Address _____

Parent's Name _____ Cell Phone# _____

Driver's License # _____ Alternate # _____

Email Address _____

FULL TIME Monday – Friday

ECEC _____ Children's Center _____ Infant Toddler _____ Extended Day _____

VERANO PRESCHOOL

M-F _____ M/W/F _____ T/TH _____

How were you referred to our programs? _____

Please attach \$250.00 fee payable to UC Regents, if you have already paid \$50.00 dollars to be on our wait list. (\$100.00 non-refundable registration fee, \$200.00 deposit to be applied to 1st month tuition. If child does not start \$300.00 is non-refundable. Initials _____

I understand that if my child does not start the entire \$300.00 is non-refundable. If my child withdraws, a one-month notice written notice is required.

Parent Signature _____ Date _____

CCSO USE ONLY

Date Rec'd:	Classroom:
Check No & Amount:	Notes:
Center:	Starting Date: Family I.D. #: