

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

University Early Childhood Center

Wonder...the beginning of learning

2024-2025 ADMISSION AGREEMENT

To complete your enrollment process, please complete this form, sign and return the form with your packet.

I have read the following policies and procedures:

- I have completed the registration form and agree to only send my children to the program(s) I selected for which I am paying.
- If I choose for my child to attend **Wonder** Fall Break/Winter Break and/or Spring Break, I understand and agree to pay an additional daily Special Activity fee (\$20 for 8:00-1:00).
- If policies or rates are to change or be modified, written notice shall be provided 30 days prior to the change taking effect.
- Refund Policy – For any program change request, you must notify the Early Childhood Office, in writing, two weeks prior to the effective month requested. If written notice is not received, no refund will be given and agreed upon tuition will remain due.
- I understand that the licensing agency has the authority to inspect the facility and interview children in care.
- Parents of a child/ren with special needs shall meet with the Early Childhood Administrator prior to the first day of attendance to complete a written needs and services plan.
- I understand that prior to admission to **Wonder** Early Childhood Center my child/ren shall be immunized against diseases as required by the CA Code of Regulations, Title 17.
- I have read, signed, and submitted the following forms:
 - Personal Rights (LIC 613A)
 - Consent for Emergency Medical Treatment (LIC 627)
 - Identification and Emergency Information (LIC 700)
 - Physician's Report (LIC 701)
 - Child's Preadmission Health History (LIC 702)
 - Notification of Parents' Rights (LIC 995)
 - Caregiver Background Check Process (LIC 995E)
 - Release of Information

I have read, understand, and I agree to follow the guidelines of the Conejo Valley Unified School District Child Care Program as set forth in detail in the *Wonder* Preschool Parent Handbook.

Signature: _____

Date: _____

Student Name: _____

Center: _____