



<i>CECE OFFICE USE ONLY!</i>	
Family Wait List Eligible	_____
Application #	_____
Amount:	_____ Check # _____
Date Application Received:	_____
CECE Staff Initials:	_____

Kindergarten Academy Application

3333 Watkins Drive, Riverside, CA 92507
South Building Phone: (951) 827-2666 **Fax** 951-827-3396
North Building Phone: (951) 827-7454 **Fax** 951-827-7471
Email: ecs@ucr.edu **Website:** www.ecs.ucr.edu

Proof of Affiliation must be presented by student, staff or faculty families when application is accepted. Priority for enrollment will be given to UCR student families. Submit this application to the address above. **An application fee of \$30.00 is required and non-refundable by check or money order** payable to **Regents UC**. The Child Development Center cannot accept cash or credit card payments for service. After receiving the application fee, if your child cannot be admitted to the Center, his/her name will be placed on the Waiting List and you will be assigned an application number. If you have mailed this application, we will call you with that information. You will be notified when there is an opening available. **A copy of this application will be given to you for your files. INITIAL HERE:** _____

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION- This application will be returned to you if all required information is not provided.

I. CHILD'S INFORMATION

Child's Name _____ Date of birth _____ Gender: Female Male
(or due date) MM/DD/YYYY

Street Address _____ City _____ State _____ Zip Code _____

Home Phone Number () _____

II. PARENT/GUARDIAN'S INFORMATION

Mother/Guardian's Name _____

Student/Employer Number _____ Department _____

Check one of the following: Undergraduate Student Graduate Student Staff Post-Doc Faculty Non-Affiliated

Cell Phone Number _____ Work Phone Number _____

Email Address (print clearly) _____ Anticipated Graduation Date _____

Father/Guardian's Name _____

Student/Employer Number _____ Department _____

Check one of the following: Undergraduate Student Graduate Student Staff Post-Doc Faculty Non-Affiliated

Cell Phone Number _____ Work Phone Number _____

Email Address (print clearly) _____ Anticipated Graduation Date _____

III. PROGRAMS AVAILABLE – Children must be 5 years old by September 1, 2023.

FEE PROPOSED (Tuition may change on approval of the Asst. Vice Chancellor.)

	UCR Affiliated	Non- Affiliated
Enrichment Program (730a-530p)	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$1345.00
Kindergarten Academy (730a-230p)	<input type="checkbox"/> \$780.00	<input type="checkbox"/> \$1005.00

IV. ENROLLMENT FEES – (Non-refundable)

- **\$55.00 - Registration Fee due 08/04/2023**
- **\$210.00 Materials Fee due 08/04/2023** (Covers the cost of books and supplies for children)

I understand that at the time my child is selected from the wait list and I accept the space, I will be asked to pick up a registration packet and schedule an intake meeting. Once I have picked up the registration packet and schedule an intake interview this is considered my acceptance of the space. **At that time I will be assessed a non-refundable yearly registration fee of \$55.00.**

Parent's Name: _____ Signature _____ Date _____