



315 Mace Blvd.
Davis, CA 95618
(530) 219-0295
www.ucnskids.com
License #573610075

REGISTRATION APPLICATION 2010-2011 SCHOOL YEAR

Child's Name: _____ Gender: _____

Date of Birth: _____ Previous school experience: _____

Parent(s): _____

Address: _____ City: _____ Zip code: _____

Email*: _____ Home phone: _____

*We will use the above email address to communicate subsequent enrollment information

Work/cell phone: _____ Other phone: _____

Church affiliation (if any): _____

How did you hear about UCNS? _____

PROGRAM CHOICE: Please check the program in which you would like to enroll your child:

3-year-old program (birth date falls prior to 12/03/2007)

Pre-K program (birth date falls prior to 12/03/2006)* ¹

TK program (birth date falling between 6/1/05 – 12/3/05)*²

*If your child is eligible for both Pre-K and TK programs, please rank your preferences as #1 & #2.

¹ We will accommodate up to 4 Kindergarten eligible students with Director approval. If your child has completed Pre-K and wishes to return to the Pre-K program, please submit a separate brief statement attached to this form explaining why your child/family would benefit from this program placement.

² Older Kindergarten eligible students (born prior to 6/1/05) may be considered for admission pending Director approval. Please submit a separate brief statement describing your child and why he/she would benefit from another year of preschool.

CURRENT STATUS:

My child is a continuing student

I am a UCNS staff member or current UCNS Board Member

We are an alumni family (from _____ to _____)

Our child was placed on the UCNS wait list prior to 9/30/09 and has remained on the wait list for the remainder of the year

We are a new family

Lunch Bunch:

Available Wednesdays from 12:00 P.M. to 1:00 P.M. for Pre-K students. Enrollment for lunch bunch is held monthly on a first-come, first-served basis. Additional information about the Pre-K Lunch Bunch program will be available prior to the start of the school year.

Lunch Bunch is included in the TK program on Tuesday and Thursday from 12:15 – 1:00 PM.

Your answers to the following questions will help us with class placement, but will not impact your enrollment status:

Languages spoken in your home: _____

Special needs/concerns: _____

Financial Assistance:

UCNS has financial assistance available. Please check here for a scholarship application: _____

(All inquiries and scholarship recipient names are kept confidential.)

SESSION	3-YEAR-OLD CLASS	PRE-K CLASS	TK CLASS
DAYS/HOURS	Tues. – Thurs. 9:00 am – 12:00 pm	Mon. – Thurs. 9:00 am – 12:00 pm	Mon. & Wed. 1:00 – 4:00 pm Tues. & Thurs. 12:15 – 4:00 pm
CLASS SIZE	2 classes of 14 each	2 classes of 16 each	1 class of 18
SCHOOL YEAR	Follows DJUSD start/end & holiday schedule	Follows DJUSD start/end & holiday schedule	Follows DJUSD start/end & holiday schedule
TUITION*	\$265.00 per month	\$350.00 per month	\$365.00 per month
REGISTRATION APPLICATION FEE¹	\$50.00	\$50.00	\$50.00

*Annual tuition is divided into 10 equal payments. **The first tuition payment (for August 2010 & June 2011) is due with your child’s enrollment forms on May 1st, 2010.** Remaining tuition is due on the 1st of each month September through May.

¹All applications & registration application fees must be received at UCC before 4:00 pm on March 22nd, 2010 to be included in our registration lottery. Registration application checks should be written to University Covenant Church with UCNS in the memo line. Registration application fees are refundable if your child has not yet been offered a space in one of our programs and you contact the Registrar in writing by September 30, 2010.

ADMISSION POLICIES AND REQUIREMENTS

UCNS admits students of any race, color, religion, national or ethnic origin to all rights, privileges, programs, and activities made available to students at the school. UCNS is also a full-inclusion school. Children **must be toilet trained** (able to use the toilet and no longer needing a pull up or diaper), fall within the age ranges listed in the chart on the previous page, and provide proof of current immunizations. We reserve the right to balance each program with respect to gender and to ensure that both UCC and non-UCC families are accommodated. (See “UCNS Enrollment Process” for further information on our enrollment process.)

You may list **three friends** that you believe are eligible for the same class as your child and we will attempt to place your child with **ONE** of these friends. However, this may not always be possible.

Friends Names 1. _____ 2. _____ 3. _____

I wish to register my child at UCNS for the program indicated. I am aware of the schedule of tuition payments. I understand that these rates are based on the days that UCNS is in session and will not be reduced due to absenteeism or vacations. I also understand that the registration fee will only be refunded if I am not offered a space in the UCNS program that I am on the wait list for **and** if I request a refund **in writing** by Sept. 30, 2010.

Signature: _____

If you have any questions about registration, please contact one of our UCNS Registrars:

Three-Year-Old Program Registrar
Anne Monley (530) 400-8129
annemonley@yahoo.com

Pre-K & TK Registrar
Shelley Bronzan (530) 318-0626
shelleyb@ucov.com

This section is reserved for the UCNS Registrar. Please do not write in the spaces below.

Application Received: _____ Check #: _____

Session enrolled: _____ Waiting list: _____