



UNION SCHOOL DISTRICT
EXTENSION PROGRAMS

CampbellCare Registration 2011-12

REG

155 N. Third St, Campbell, CA 95008 • Phone: 408 341-7000 x 6378
Fax: 408 341-7272 • Website: www.cusdextensions.org

Date: _____

- Blackford Elementary**
1970 Willow St, San Jose, 95125 • 341-7000 x 7035
- Capri Elementary**
850 Chapman Dr, Campbell, 95008 • 341-7125 x 7125
- Castlemont Elementary**
3040 E Payne Ave, Campbell, 95008 • 341-7000 x 4380
- Forest Hill Elementary**
4450 McCoy Ave, San Jose, 95130 • 341-7000 x 4741

Please fill out one Registration Form per child.

- Lynhaven Elementary**
881 S. Cypress Ave, San Jose, 95117 • 341-7000 x 4853
- Marshall Lane Elementary**
14114 Marilyn Ln, Saratoga, 95070 • 341-7000 x 4480
- Rolling Hills Middle (no morning care)**
1585 More Ave, Los Gatos, 95032 • 341-7000 x 5199
- Sherman Oaks Elementary (no morning care)**
1800 Fruitdale Ave, San Jose, 95128 • 341-7000 x 4963

Child's Last Name _____ Child's First Name _____ Entering Grade _____ Date of Birth (mm/dd/yy) _____

Mother's/Guardian's Information

Last Name _____ First _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____
 Cell phone _____ Email _____

Father's/Guardian's Information

Last Name _____ First _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____
 Cell phone _____ Email _____

PROGRAM OPTIONS AND MONTHLY FEES

ELEMENTARY SCHOOL PROGRAM

BEFORE AND AFTER SCHOOL

_____ 5 days \$495.00/month
 _____ 3 days \$330.00/month
 _____ 2 days \$260.00/month

AFTER SCHOOL ONLY

_____ 5 days \$450.00/month
 _____ 3 days \$285.00/month
 _____ 2 days \$225.00/month

Pro-Rated Months (Aug., Dec., June)

_____ 5 days \$265.00/month
 _____ 3 days \$170.00/month
 _____ 2 days \$140.00/month

_____ 5 days \$240.00/month
 _____ 3 days \$150.00/month
 _____ 2 days \$105.00/month

Please circle days attending if less than 5 days: **M T W Th F**

BEFORE SCHOOL ONLY

_____ \$225.00/month – child(ren) can attend 1 day or all 5 days
 _____ \$105.00/month – Pro-rated for Aug., Dec., June; Attend 1-5 days

- A 10% sibling discount will be applied to the 2nd child attending at the same location and only apply to B/5 BA/5, A/5 schedules. Sibling's name: _____

MIDDLE SCHOOL PROGRAM: ROLLING HILLS – THE CREW

(There is no AM care at Rolling Hills Middle School)

DAILY CARE SCHEDULE

_____ 5 days \$420.00/month
 _____ 3 days \$235.00/month
 _____ 2 days \$165/month

Pro-Rated Months (Aug., Dec., June)

_____ 5 days \$250.00/month
 _____ 3 days \$110.00/month
 _____ 2 days \$60.00/month

FLEX SCHEDULE (ENRICHMENT AND SPECIAL EVENTS)

_____ \$15.00 one-time non-refundable registration fee
 _____ \$75.00/month for drop in pass (good for up to 6 random visits)
 Flex passes cannot be used to substitute for a daily care schedule.

Please circle days attending if less than 5 days: **M T W Th F**

Flex Passes can be purchased on site in The Crew classroom.

THREE PAYMENT OPTIONS

- Tuition paid monthly via check or money order made out to CUSD by the 5th of each month. Cash payment must be made at District Office Initial here: _____
- Tuition paid monthly via Automatic Deduction Program. Attach completed ACH form. Deduction from checking account to take place monthly on the 5th Initial here: _____
- Tuition is paid by a third party. Subsidized by: _____ Subsidy paperwork is parent's responsibility. Please attach approved agency certificate. Initial here: _____

I agree to pay a \$75 non-refundable registration fee to secure my spot and pay the monthly tuition using the payment method indicated above. Payment of the \$75.00 will guarantee your child's spot in the program. Initial _____



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CampbellCare Emergency Information

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EMERGENCY CONTACT AND RELEASE INFORMATION

Child's Last Name _____ Child's First Name _____ Gender (m/f) _____ Date of Birth (mm/dd/yy) _____

Mother's/Guardian's Information

Last Name _____ First _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____
Employer Phone Number _____

Father's/Guardian's Information

Last Name _____ First _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____
Employer Phone Number _____

In order of preference, please list other persons to be called in case of emergency and who are permitted to take the child from the center. Children will be released only to those authorized (at least 18 years old) as designated on this emergency card.

Contact Person 1

Name _____
Relationship _____
Day Phone Number _____
Cell Phone Number _____

Contact Person 2

Name _____
Relationship _____
Day Phone Number _____
Cell Phone Number _____

Contact Person 3

Name _____
Relationship _____
Day Phone Number _____
Cell Phone Number _____

EMERGENCY HEALTH / MEDICAL INFORMATION

Allergies (allergic to bees, peanuts, etc.): _____

Medical Conditions (asthma, diabetic, etc.): _____

Emergency Medications: _____

Consent for Medical Treatment: I authorize the childcare center personnel to arrange transportation in case of accident or acute ailment of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon to whom my child is taken, for treatment by him/her or to administer drugs and medication, local anesthetic, and to perform such surgical and/or medical treatment for the relief of pain and/or the preservation of my child's life, and /or health and well-being. I shall pay any cost incurred in this treatment that is not covered by Campbell Union School District insurance.

Only the parent/legal guardian who signs the card accepts responsibility for information and gives consent for medical treatment. Only this parent/guardian can change the information. California law gives equal access to child's records and related information to parents/guardians with joint legal custody unless changed by a valid court order.

Parent/Guardian Name (print) _____ Signature _____ Date _____

Parent/Guardian Name (print) _____ Signature _____ Date _____