



13340 HAYFORD WAY  
 SAN DIEGO, CA 92130  
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 E-MAIL: CVPS@GRACEPOINTS.D.COM  
 WEBSITE: CVPRESCHOOL.ORG

# 2025-2026 Fall Registration Form

REGISTRATION FORMS WILL ONLY BE ACCEPTED WITH COMPLETE PAPERWORK. NO EXCEPTIONS. NON-REFUNDABLE  
 REGISTRATION FEE MUST BE PAID VIA TUITION EXPRESS ACCOUNT.  
 WE DO NOT ACCEPT CHECKS OR CASH PAYMENTS. ALL FORMS ARE TAKEN IN THE ORDER THEY ARE RECEIVED.

## Child Information

Last Name		First Name	MI	Preferred First Name
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergy and/or Dietary Restrictions		
Does allergy require use of Epi-Pen or other emergency medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (additional forms will be required.)				

Students enrolling in the 2's classroom do not have to be potty trained. Students enrolling in 3's classes, Pre-K or TK must be fully potty trained. No exceptions.  
**Is your child fully potty trained? (goes on the potty independently with no assistance, can pull up/down pants, free of accidents.)**  
 Yes, fully potty trained.  \*Currently actively working on potty training and plan to be fully potty trained by the first day of school.  
 \*No, not started but plan to be fully potty trained by the first day of school.  \*No.  
 We will need to follow up a few weeks prior to our first day of school to discuss potty training progress and enrollment options.

## Schedule Requested

Days: <input type="checkbox"/> 5 Days Monday-Friday <input type="checkbox"/> 3 Days Monday   Wednesday   Friday <input type="checkbox"/> 2 Days Tuesday   Thursday	Hours: <input type="checkbox"/> Half Day 8:30am-12:30pm <input type="checkbox"/> Full Day with Nap 8:30am-3:00pm <input type="checkbox"/> Extended Day 7:30am-5:30pm
<b>Add on Additional Hours:</b>	
<input type="checkbox"/> Early Morning Drop Off 7:30am-8:30am <input type="checkbox"/> After School Care 3:00pm-4:30pm	

Full Day & Extended Day students enrolled in 2's and 3's classes will have a nap/rest period.  
 Pre-K and TK Classes do not have a nap/rest period unless requested – please let us know if you would like your child to be assigned to a nap room.

## Parent/Guardian Information #1

Last Name	First Name	MI	Relationship to Child
E-Mail Address			Phone
Address		City	Zip Code

## Parent/Guardian Information #2

Last Name	First Name	MI	Relationship to Child
E-Mail Address			Phone
Address <input type="checkbox"/> same as above		City	Zip Code

Classes are assigned by the preschool Director and staff after enrollment is complete and based on birthdates, classroom balance and mandated guidelines.

I have read the CVPS Parent Handbook and understand that I am fully responsible for reading the rules, policies and requirements in the handbook and agree and will comply to the policies stated. I also agree and understand that I am responsible for keeping myself updated and informed regarding CVPS policies and understand that I will be responsible for complying with any changes made. I understand that failure to follow these policies may lead to termination of childcare services. I understand all registration fees are non-refundable, no exceptions. Should I decide to withdrawal or cancel my enrollment I will notify the office 30 days prior to my start date or will be charged a full month's tuition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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