

# Fairplex Child Development Center

1101 W. McKinley Ave. Pomona, CA. 91768

Phone 909-623-3899 Fax 909-623-5890

Priority \_\_\_\_\_  
Wait List # \_\_\_\_\_  
By \_\_\_\_\_

## APPLICATION for TUITION ENROLLMENT PROGRAM

#1 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

#2 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
City State Zip

Parent Name: \_\_\_\_\_

Employment /School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Employment /School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

### INDICATE DAYS AND TIMES REQUESTING

Half Day (9:00 – 12:00) \_\_\_\_\_ Full Day \_\_\_\_\_ MON TUE WED THU FRI  
(for Part time, MWF or T/TH Only)

Requested Start Date \_\_\_\_\_

(We can only honor based upon space available)

### Enrollment Priority (please check one)

- LA County Fair Assoc. Employee
- Employee, Staff or Students of University of La Verne
- Employees of Los Angeles County
- Sibling of child(ren) currently enrolled Name: \_\_\_\_\_

### I have read and understand the following:

*Enrollment is based upon space available and therefore cannot be granted at time application is submitted.*

- I understand that a \$100.00 non-refundable fee is required at the time I submit the application.
- Priority is given to Full Time, Full Day Enrollment.

Parent/Guardian Signature \_\_\_\_\_

Application Date \_\_\_\_\_

### For Office Use Only

\$100.00 fee paid on \_\_\_\_\_

Cash \_\_\_\_\_ Receipt No. \_\_\_\_\_

Check No. \_\_\_\_\_

Family ID Number \_\_\_\_\_

FOR OFFICE USE ONLY

Possible Enrollment Date: \_\_\_\_\_ Program Type \_\_\_\_\_ Classroom \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_