

ATTENDANCE REGISTRATION

NEW _____

RETURNING _____

START DATE _____

CHILD'S NAME _____

BIRTHDATE _____

PARENT'S NAMES _____

SCHOOL SITE:

FAIRWOOD INFANT _____ FAIRWOOD SCHOOL AGE _____

FAIRWOOD PRE-SCHOOL _____ ELLIS _____

LAKWOOD PRE-SCHOOL _____ LAKWOOD SCHOOL AGE _____

SAN MIGUEL _____

CLASSROOM _____

NUMBER OF DAYS PER WEEK _____

BILLING: WEEKLY _____ MONTHLY _____

½ TIME (4 HOURS OR LESS) _____

¾ TIME (4 HOURS TO LESS THAN 6 ½ HOURS) _____

FULL TIME (6 ½ HOURS TO 10 ½ HOURS) _____

FULL TIME PLUS (MORE THAN 10 ½ HOURS) _____

FOR OFFICE USE ONLY

FULL COST _____

CAL WORKS _____

CHOICES _____

PACE _____

GENERAL FUND _____

CCDBG _____

GAIN _____

SANTA CLARA COUNTY _____

IMMUNIZATION RECEIVED _____