

Palos Verdes Peninsula Unified School District
Valmonte Early Learning Academy

Request for Enrollment for 3 year old program 2018-2019

Date _____

Name of Child _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Mother/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Father/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Attendance Request: Children will be enrolled based on attendance pattern requested Those requesting the longest attendance schedule will be enrolled first. Enrollment will continue until spaces are filled.

Monday through Friday

Full Time (7 a.m.- 6 p.m.) _____ @ \$1160. per month

Part Time (9am-12:30pm) _____ @ \$695. per month

Enrichment Program (12:30pm-3:00pm) _____ @ \$355. per month

Monday-Wednesday-Friday

Full Time (7am-6pm) _____ @ \$805. per month

Part Time (9 am-12:30pm) _____ @ \$545. per month

Enrichment Program (12:30pm-3:00pm) _____ @ \$285. per month

Tuesday-Thursday

Full Time(7am-6pm) _____ @ \$680. per month

Part Time(9am-12:30pm) _____ @ \$410. per month

Enrichment Program(12:30pm-3pm) _____ @ \$215. per month

Fees are based on an annual enrollment of 180 regular school days and then divided into 10 equal payments to be paid on the first school day of each month. A penalty will be billed for late payment and for checks returned for insufficient funds. Enrolled siblings will receive a 10% discount.

PLEASE RETURN THIS REQUEST FOR ENROLLMENT AND \$75. NON-REFUNDABLE REGISTRATION FEE TO:

Valmonte Early Learning Academy
3801 Via La Selva
Palos Verdes Estates, CA 90274
Attention: Carolyn Martinez
(310) 791-5078 ext. 578

(For Office Use Only)

Enrollment/Starting Date: _____ Non-Refundable Registration Fee \$75. Date Paid _____



Palos Verdes Peninsula Unified School District
Valmonte Early Learning Academy

Request for Enrollment for 4 year old program 2018-2019

Date _____

Name of Child _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Mother/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Father/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Attendance Request: Children will be enrolled based on attendance pattern requested Those requesting the longest attendance schedule will be enrolled first. Enrollment will continue until spaces are filled.

Monday through Friday

Full Time (7 a.m.- 6 p.m.) _____ @ \$1160. per month

Part Time (9am-12:30pm) _____ @ \$695. per month

Enrichment Program (12:30pm-3:00pm) _____ @ \$355. per month

Monday-Wednesday-Friday

Full Time (7am-6pm) _____ @ \$805. per month

Part Time (9 am-12:30pm) _____ @ \$545. per month

Enrichment Program (12:30pm-3:00pm) _____ @ \$285. per month

Tuesday-Thursday

Full Time(7am-6pm) _____ @ \$680. per month

Part Time(9am-12:30pm) _____ @ \$410. per month

Enrichment Program(12:30pm-3pm) _____ @ \$215. per month

Fees are based on an annual enrollment of 180 regular school days and then divided into 10 equal payments to be paid on the first school day of each month. A penalty will be billed for late payment and for checks returned for insufficient funds. Enrolled siblings will receive a 10% discount.

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Palos Verdes Estates, CA 90274
Attention: Carolyn Martinez
(310) 791-5078 ext. 578 martinezc@pvpusd.ner

(For Office Use Only)



Enrollment/Starting Date: _____ Non-Refundable Registration Fee \$75. Date Paid _____

Palos Verdes Peninsula Unified School District
Valmonte Early Learning Academy

Request for Enrollment for 2 year old program 2018-2019

Date _____

Name of Child _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Mother/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Father/Guardian: Full Name _____ Home Phone () _____

E-Mail _____ Work Phone () _____ Cell/Pager () _____

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Attendance Request: Children will be enrolled based on attendance pattern requested. Those requesting the longest attendance schedule will be enrolled first. Enrollment will continue until spaces are filled.

Monday through Friday

Full Time (7 a.m.- 6 p.m.) _____ @ \$1210. per month

Part Time (9am-12:30pm) _____ @ \$730. per month

Nap (12:30pm-3:00pm) _____ @ \$370. per month

Monday-Wednesday-Friday

Full Time (7am-6pm) _____ @ \$845. per month

Part Time (9 am-12:30pm) _____ @ \$575 per month

Nap (12:30pm-3:00pm) _____ @ \$300. per month

Tuesday-Thursday

Full Time(7am-6pm) _____ @730. per month

Part Time(9am-12:30pm) _____ @\$440. per month

Nap (12:30pm-3pm) _____ @\$230. per month

Fees are based on an annual enrollment of 180 regular school days and then divided into 10 equal payments to be paid on the first school day of each month. A penalty will be billed for late payment and for checks returned for insufficient funds. Enrolled siblings will receive a 10% discount.

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Enrollment/Starting Date: _____ Non-Refundable Registration Fee \$75. Date Paid _____