



Nombre del Estudiante:		Fecha de nacimiento:	
Genero:	Masculino      Female	<b>*Must be at least 3 years old to enroll*</b>	
Parent/Guardian Name:			
Address:		Phone #:	
Email address:			
School of Residence:			
My student has an active IEP: <b>Please Contact Special Education Department</b>			
(IEP = Individualized Education Program) Please provide a copy of your students full IEP for review.			

\*Chino Valley Preschool Program is an inclusive program that provides services to both Special Education and General Education students who reside within the Chino Valley Unified School District boundaries. This form is for **General Education participation** in our program.

*For information regarding Special Education services, please contact the Special Education Department at 909-628-1201 Ext. 1400*

<b>Please Make One Attendance Choice:</b> <i>I would like my student to attend:</i>	<b>Please Make One Session Choice:</b> <i>Time frame I would prefer:</i>
<b>2 Days:</b> Monday/Thursday <b>OR</b> Tuesday/Friday  <b>4 Days:</b> Monday/Tuesday/ Thursday/Friday	A.M. Session-8:00 AM-11:00AM   P.M. Session-11:45 PM – 2:45 PM <b>(Times are subject to change)</b>
<b><u>No School on Wednesday for general education students</u></b>	
<b>Please number preference from 1-5: __ Chaparral __ Liberty __ Glenmeade __ Marshall __ Oak Ridge</b> If the site you chose is not available, are you willing to attend another site? Yes No	

I am aware that my Interest Form will be kept on file for the **2024-2025** school year only. I understand this Interest Form does not guarantee placement in the program. I also understand that there is a \$20 per day participation fee for General Education participation due before the first day of enrollment and the first Friday of the month for each month thereafter.

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

(For Office Use Only) Date of Receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_ # on Waiting List: \_\_\_\_\_