

Center for Early Childhood Education
26455 N. Rockwell Canyon Rd.
Santa Clarita, CA 91355
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(661) 362-5148 FAX
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Received: _____



**COLLEGE OF THE CANYONS
CENTER FOR EARLY CHILDHOOD EDUCATION
APPLICATION FOR ADMISSION**

Child's Name: _____ Parent 1 Name _____
Birth date: _____ ☐ Male ☐ Female Parent 2 Name _____
Child's Address: _____ Contact Number (between 9am-5pm): _____
City/State/Zip: _____ Living in home: ☐ Mother ☐ Father
_____ ☐ Step-Mother ☐ Step-Father ☐ Other _____

• **APPLICATION PROCEDURE**

Priority registration varies based on student/employee/community status.

Child's age by August determines placement in the program.

• **WAIT LIST REGISTRATION**

1. A wait list is used throughout the school year to fill openings as they occur.
2. Application must be on file for the waitlist, but does not guarantee placement in the program.
3. When an opening occurs, a nonrefundable deposit will be required to hold a place for your child.

• **CHECK WHICH APPLIES**

*To obtain student status, parent(s)/ guardian(s) must submit current school schedule with this application.

☐ STUDENT - ☐ PARENT 1 ☐ PARENT 2 TERM/SEMESTER: _____
☐ STAFF - ☐ Full-Time Faculty ☐ Full-Time Classified ☐ Part-Time ☐ OTHER: _____
☐ COMMUNITY

On the chart below, mark a (1) for your first choice, (2) for your second choice, and a (3) for your third choice.
Chances for enrollment improve with flexibility of schedule.

CAMPUS DESIRED: ☐ VALENCIA ☐ CANYON COUNTRY

SCHEDULE DESIRED:

TIME	M-W-F	T-TH	M THRU F
8:45 A.M. - 11:45 A.M. (A.M. Session)			
8:00 A.M. - 4:00 P.M. (Full-Day Session)			

HALF DAY:

EARLY BIRDS:

HALF DAY AM:

EXTENDED AM'S:

7:30 a.m. - 8:45 a.m.

8:45 a.m. - 11:45 a.m.

11:45 a.m. - 12:45 p.m.

FULL DAY:

EARLY BIRDS:

FULL DAY

EXT PM'S:

7:30 a.m. - 8:00 a.m.

8:00 a.m. - 4:00 p.m.

4:00 p.m. - 5:00 p.m.

• **PLEASE CHECK ACTIVITIES OF INTEREST:** ☐ EARLY BIRDS ☐ EXTENDED AM's ☐ EXTENDED PM's

This application will be placed in the "Active Waitlist." Upon parent request and/or due to no response to phone calls for available openings, this application may be placed in the "Inactive Waitlist."

HOW DID YOU HEAR ABOUT THE PROGRAM? _____

Date: _____

Signature of Applicant: _____

- OFFICE USE ONLY -

Grant: ☐ CCTR ☐ CSPP FULL DAY ☐ CSPP HALF DAY

Family Fee \$ _____ Certified Date: _____

Tuition: Cash Receipt # _____

Check # _____ Child Start Date: _____

Amount: \$ _____ Cash/Check Rec'd Date: _____

Class Code: _____

Authorization: _____ Priority Number: _____