

WAIT LIST Form for Admission

A \$50.00 non-refundable partial registration fee to be included with this form.
Please make checks payable to "CUSD" and mail to 8460 Carmel Valley Road,
Carmel, CA 93923

Child's Name: _____ Current Age: _____ Date of Birth: _____

Boy: _____ Girl: _____ Home Phone: _____ Cell Phone: _____

Residence Address: _____

Mailing Address: _____

Main Correspondence Email Address _____

Parent 1 INFORMATION	Parent 2 INFORMATION
Name: _____	Name: _____
Employer: _____	Employer: _____
Cell Phone: _____	Cell Phone: _____
Child Living With: Both Parents _____ P1 Only _____ P2 Only _____ Other _____	
email address: _____	email address: _____

DESIRED START DATE: _____

Please see the income eligibility table on the reverse side and indicate your family's income if it falls at or below the ceiling for your family size.

_____ **We may qualify for tuition assistance** **Yes** **No** (Please circle)

_____ **My child has an active IEP/IFSP** **Yes** **No** (Please circle)

Signature of Parent/Guardian

Date

For office use only: Paid \$50 deposit: Date: _____ Check # _____ Received by _____

Your family may qualify for tuition assistance, if your total family income is at or below the ceiling shown on the table below and if grant funds are still available when you apply. Please write your estimated annual income in the space next to your family size if you qualify.

State Fiscal Year 2024-25 Schedule of Income Ceilings

California State Preschool Tuition Assistance Table		
Family Size	Family Annual Income eligibility Ceiling	Your Family's estimated annual income
2	\$93,108	
3	\$105,480	
4	\$122,988	
5	\$142,668	
6	\$162,348	
7	\$166,044	
8 or more	\$169,728	