

DeAnza College Child Development Center Waiting List Application

Date: _____

Your waiting list application will be filed upon receipt - a response to your waiting list application will occur only if there are openings available or when an inquiry is made to update the information.

ALL PROGRAMS ARE MONDAY THROUGH FRIDAY FROM 7:15AM – 5:30PM.

Please **PRINT** and complete **ALL** information

Child's Name: _____ **Age:** _____ **Birthdate:** _____ Boy Girl

Mother's/Caregiver: _____

Address: _____

(Street)

(City)

(Zip)

Phone Number: () _____ **Cell Phone:** () _____ **Email Address:** _____

Check all that apply: ___ Student; where are you enrolled: ___ De Anza ___ Foothill ___ Other

___ Working

___ Student & Working: where are you enrolled: ___ De Anza ___ Foothill ___ Other

Father's/Caregiver : _____

Address: _____

(Street)

(City)

(Zip)

Phone Number: () _____ **Cell Phone:** () _____ **Email Address:** _____

Check all that apply: ___ Student; where are you enrolled: ___ De Anza ___ Foothill ___ Other

___ Working

___ Student & Working: where are you enrolled: ___ De Anza ___ Foothill ___ Other

With whom does your child live? ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Other

Gross **MONTHLY** household income: \$ _____ Number of members in your household: _____

Do you receive: ___ CalWORKS ___ TANF ___ Neither Do you need low income tuition subsidy? ___ YES ___ NO
(only available to Foothill or DeAnza College students)

When would you like enrollment to begin? (Month/Year) _____

How did you learn about our program? ___ Bay Area Parent ___ Friends/Family ___ De Anza/Foothill
___ Other _____

Mailing Address: DeAnza College College **Fax #** (408) 864-5627
21250 Stevens Creek Blvd. **Message Line for Questions** (408) 864-5795
Cupertino CA 95014

For Office Use Only	Received Application: _____	Tour Date _____
Contact Information		Date _____
_____		Date _____