

Interested in a tour?

Yes
 Not at this time

College Affiliation

Faculty
 Student
 Community
 Sibling

**De Anza College Child Development Center
Waiting List Application**

Date: _____

*You will be contacted ONLY if there is an opening available for your child or when an inquiry is needed to update the information.
OUR PROGRAM OPERATES MONDAY THRU FRIDAY FROM 7:15AM - 5:30PM*

CHILD'S INFORMATION

Name:		With whom does the child live?		Preferred Enrollment Date:
Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Date of Birth:				

PRIMARY CAREGIVER

Circle One: Father Mother Other Guardian

SECONDARY CAREGIVER

Circle One: Father Mother Other Guardian

Name:			Name:		
Home Ph:		Cell Ph:	Home Ph:		Cell Ph:
Address:			Address:		
City:		State:	Zip Code:		
Email:			Email:		

QUESTIONS TO CAREGIVER(S)

How did you learn about our program?

Are you interested in applying for a low income tuition subsidy?
 NO YES

Are you a student? NO YES Where? De Anza Foothill Other: _____

Do you receive: CalWORKs TANF Neither

Are you eligible for CalWORKs vouchers? Yes No

Family's Gross Monthly Income:	Number of members in your family:
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By signing below, I understand that my application will be placed in the waitlist database for one year. If I am still interested in enrolling my child in your school, after one year, I will need to resubmit a new application.

Signature:	Print Name:	Date:
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Please return the completed application in person, mail, fax or email

Address: De Anza College Child Development Center
21250 Stevens Creek Blvd Cupertino, CA 95014
Message Line for Questions: 408-864-5795

Website: <http://www.deanza.edu/child/>
Email: cdc@fhda.edu
Fax: 408-864-5627

For Office Use Only:	Received Date: _____	Tour Date: _____	Staff Initials: _____

