DeAnza College Child Development Center Waiting List Application

Date:						
Your waiting list application in your child's age group of OUR PROGRAM OPERATES	or when an inqu	uiry is needed	to update the inform	nation.	s an ope	ning available
CHILD'S INFORMATION	1					
Name:			With whom does t Both Parents Father	he child live?	ve? Preferred Enrollment Date: (mm/dd/yy)	
Gender: Boy B	Mother Other:					
PRIMARY CAREGIVER			SECONDARY CAR	REGIVER		
Name:	Name:					
Home Ph:	Cell Ph:		Home Ph:	Cell	Cell Ph:	
Street Address including A	Street Address including Apt # if applicable:					
City:	State:	Zip Code:	City:	Ş	State:	Zip Code:
Email:			Email:			
QUESTIONS TO CAREGI	VER(S)					
Do you need low income t			IO ES (Please comple	ata the section	helow)	
Are you a student? Do you received:	_ NO _ CalWORKS		f Yes, where? [Other
MONTHLY Gross household	d income:		Number of member	ers in your hou	sehold:	
By signing below, I understyear. I understand that I whave my child enrolled in	will need to res					
ignature: Print Nar			ne: Date:		e: (mm/	'dd/yyyy)
Please return the comp Address: De Anza College Child Development Center 21250 Stevens Creek Blvc Cupertino, CA 95014	Fa Mo	nx: 408-864-5		4-5795		
For Office Use Only Contact Information		ved Date: _ Initial:	Tour Date:			
	Date:					
				Date: _		