

GAVILAN COLLEGE

Child Development Center
5055 Santa Teresa Blvd.
Gilroy, CA 95020
Tel. (408) 848-4815 Fax (408) 846-4978

Date Received _____

Wait List Application

Full Cost Tuition

Child's Name _____ Birthdate _____ Age _____

Address _____ Home Phone # () _____

City _____ CA Zip _____

Guardian #1 _____ Work Phone # _____

Guardian #2 _____ Work Phone # _____

Cell #1 () _____ Cell #2 () _____

Who will be responsible for payment? **GUARDIAN** or **AGENCY** _____
(Name of Program)

Is child completely toilet trained? **YES** **NO**

Circle the following that pertain to either parent:

Gavilan College Employee Gavilan College Student Other

Anticipated Start Date or Semester: _____

Circle days and enter hours of child care required:

Monday Tuesday Wednesday Thursday Friday
_____-_____ _____-_____ _____-_____ _____-_____ _____-_____

How did you hear about our program? _____

For Office Use Only

Comments:

