

# Extended Year Summer Enrichment Program 2008 Application June 23–July 18, 2008 (Mornings Only)

A separate application is required for each student enrolled, copies are acceptable. Applications are accepted by mail on a first come, first served basis. PLEASE USE BLACK INK ONLY. APPLICATIONS MUST BE POSTMARKED BY MAY 23, 2008.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current school name & city: \_\_\_\_\_ Grade Level in September 2008: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Was student enrolled in this program in summer 2007? YES  List student ID# \_\_\_\_\_ NO

Mother's name: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Father's name: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your student have any **Food Allergies, Medical Conditions or Special Needs** that we should be aware of? YES  NO

If **YES** you must *completely fill out* the **Special Needs & Food Allergies** section on the back of this application—no exceptions.

### Authorized Individual to Contact in Case of Emergency and Parent Cannot Be Reached:

Name	Relationship to student	Phone Number	Cell Phone
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I hereby grant approval for my child, \_\_\_\_\_, to participate in the Extended Year Program 2008 and release Foothill-De Anza Community College District, its Board of Trustees, District officers, employees and servants from any liability arising from my child's participation, with the exception of gross negligence of the college or its employees in said programs. I understand the College provides accident insurance only as a secondary policy to any policy under which my child may be covered. Consent is hereby given to Extended Year staff to seek or give medical aid as required in case of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Check class availability on-line before completing and mailing application: [www.extendedyear.deanza.edu](http://www.extendedyear.deanza.edu).** List first and second choice class schedules. Your student must be enrolled into the grade they will be entering in Fall 2008. All classes must be in consecutive order. There is no supervision before or after classes. If your student is not enrolled in a full 4-hour morning, it is your responsibility to pick-up student immediately following their last class. **PRINT clearly in BLACK INK.**

### First Choice Schedule

School Site: \_\_\_\_\_

Period 1 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 2 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 3 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 4 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

### Second Choice Schedule

School Site: \_\_\_\_\_

Period 1 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 2 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 3 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

Period 4 - ID # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Title \_\_\_\_\_

First Choice TOTAL \$ \_\_\_\_\_

Second Choice TOTAL \$ \_\_\_\_\_

**YOU MUST COMPLETE PAYMENT INFORMATION ON THE FOLLOWING PAGE.**

## You must complete application form on other side!

### Extended Year Summer Enrichment Program 2008 Application *(Continued)* June 23–July 18, 2008 (Mornings Only)

**Payment Information** Please indicate payment method in the space below.

Check  Check # \_\_\_\_\_ Please make checks payable to: **De Anza College Extended Year Program**

Visa  MasterCard  Discover Card  Credit card statement will reflect a charge from: **De Anza College** or **De Anza College Short Course Office**

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

## SPECIAL NEEDS & FOOD ALLERGIES • CONFIDENTIAL STUDENT INFORMATION

*(PLEASE PRINT CLEARLY)*

Student's Name: \_\_\_\_\_

Parent to Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please be specific about your student's food allergy, medical condition or special need: \_\_\_\_\_

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BEFORE YOU MAIL-IN REGISTRATION FORM  
please check our website for updates on closed classes!

**[www.extendedyear.deanza.edu](http://www.extendedyear.deanza.edu)**

**PLEASE BE CERTAIN TO INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE, TO RECEIVE YOUR CONFIRMATION BY U.S. MAIL.**

*Please send all registration applications together in ONE envelope* if you are enrolling MORE than one student or plan to carpool with other student(s).

**Mail to:**

De Anza College Community Education  
Extended Year Program  
21250 Stevens Creek Blvd.  
Cupertino, CA 95014

**Program dates:** June 23–July 18, 2008

**Mail-in registration begins:** March 10, 2008

**Mail-in registration ends:** May 23, 2008

**Walk-in registration:** June 2–9, 2008

*BEFORE YOU MAIL-IN REGISTRATION FORM please check our website for updates on closed classes!*