

# College Bound

## Math Summer Enrichment

17316 Edwards Road, Suite 180

Cerritos, CA 90703

(562) 407-2127 TEL (562) 407-2131 FAX

**GRADE** (Fall 10): \_\_\_\_\_

**CAMPUS:** CERRITOS POMONA  
(circle one)

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

Address: \_\_\_\_\_  
Number Street Unit #

\_\_\_\_\_ City State Zip

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

=====

**Parent/Guardian Name:** \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_  
Number Street Unit #

City/State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

=====

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Other than Parent)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

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

**Parent/Guardian Name:** \_\_\_\_\_  
Last First M

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

COURSE	REGISTRATION #	COST
<b>TOTAL</b>		

***Please check option(s) for Method of Payment:***

\_\_\_\_\_ Check/Money Order

\_\_\_\_\_ Please charge my Visa/MasterCard (Credit Card payments can be faxed directly to College Bound)

Acct # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Paid: _____	Date: _____	Check No.: _____
Received by Staff (name): _____		

***Please return completed application by...***

➤ MAIL (17316 Edwards Road, Suite 180, Cerritos, CA, 90703)

or

➤ FAX (562) 407-2131