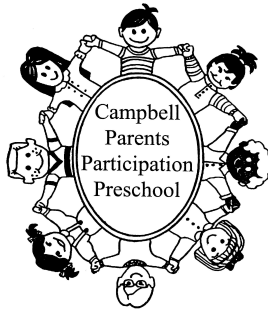


Campbell Parents' Participation Preschool  
528 Harrison Avenue  
Campbell, CA 95008



(408) 866-7223  
[www.cppp.com](http://www.cppp.com)  
Lic. # 430701596

### APPLICATION FORM

Please return this form with your \$65 non-refundable enrollment fee to CPPP Membership.

**Date:** \_\_\_\_\_ **Class:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Sex:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Adult Working in the Classroom:** \_\_\_\_\_

**Parent #1:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent #2:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Other Children in the Family	Age	Relationship
Name		
_____	_____	_____
_____	_____	_____

**Where did you first hear of CPPP?** \_\_\_\_\_

**Are you a CPPP alumni?** \_\_\_\_\_ **If yes, what dates?** \_\_\_\_\_

**What experience has your child had with playgroups?** \_\_\_\_\_

**Does your child have any special issues which you feel the preschool might help you with?**

<b>For Membership Use Only:</b> Enrollment fee paid? _____ Check # _____
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**The School admits students of any race, color, national and ethnic origin.**