

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



(408) 866-7223
www.cppp.com
Lic. # 430701596

APPLICATION FORM

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

Date: _____ Class (circle one): 2's 3's Pre-K
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

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Where did you first hear of CPPP? _____

I agree to pay the 1st month's tuition for the 2018-2019 school year by May 1st, or upon enrollment if enrolling my child(ren) after that date. Failure to pay by May 1st or upon enrollment will result in forfeiture of my child(ren)'s placement in the class. I understand that 1st month's tuition will be non-refundable after July 1st. I further agree to pay last month's tuition on or before fall orientation, or upon enrollment, if enrolling my child(ren) after that date. If my family needs to withdraw before the end of the school year, last month's tuition will be refunded only if all obligations have been fulfilled, as per CPPP bylaws.

Signature _____

Date _____

For Membership Use Only:

Enrollment fee paid? _____	Check # or CC _____	Date: _____
1 st month's tuition paid? _____	Check # or CC _____	Date: _____
Last month's tuition paid? _____	Check # or CC _____	Date: _____