

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 \$75 non-refundable enrollment fee to CPPP.

Date: _____

Class (circle one): 1-Day 2-Day

3-Day 4-Day Summer

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 2019-2020 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: _____