



COMMUNITY PRESBYTERIAN PRESCHOOL APPLICATION: NEW STUDENT

222 w. El Pintado Road, Danville, Ca 94526
(925) 837-3316 * fax (925) 820-3845 * www.cpcdanville.org
License # 070210041

Child's name: _____
(First) (Middle) (Last)

The first Name you want on name tag: _____

Date of birth: _____ Sex of child: _____
(Month/day/year)

Address: _____

City: _____ Zip: _____ Home Phone# _____

Father's Name: _____ Business/Cell# _____

Mother's Name: _____ Business/cell# _____

*PRIMARY contact # _____

WE PUBLISH ONE PHONE NUMBER (FOR: NAME TAG, CLASS LIST, AND DIRECTORY ETC.)

* In case of emergency ALL numbers will be called

PRIMARY E-MAIL ADDRESS _____

Church affiliation if any: _____

Member of CPC? Yes _____ No _____

Physician: _____ Phone # _____

List Allergies and/or Special Needs (speech delayed, hearing impairment...)

*use back if necessary _____

Sibling attended CPP? Yes _____ No _____ Year _____ teacher: _____

Please return this application to the preschool office with a \$65.00 non-refundable application fee. Make the check payable to Community Presbyterian Preschool or CPP.

Parent Signature: _____ Date: _____

FOR OFFICE USE:

Year _____ Class _____
Assigned _____

Age group:

Pre-Threes _____

MW _____ TF _____

New Threes _____

Returning

Threes _____

Fours _____

AM _____ PM _____

Pre- K _____

AM _____ PM _____

NON REFUNDABLE

May 2013 tuition:

\$ _____

Check # _____

Date: _____

Date Admitted:

Check #: _____

Application Date:

Access _____

List _____

Letter _____

2012-2013

