**California Heights Parent Participation Nursery School**

**Application Form**

Student Name:

Student Gender:

Student Date of Birth:

Parent(s) Name(s):

Parent(s) Address(s):

Parent(s) Mobile Phone Number(s):

Parent(s) Email Address(s):

Why do you desire to have your child be part of a cooperative preschool?

What are some ways you believe your family could contribute to the cooperative environment?

⬜ Check this box to indicate that you have read and agree to the terms of the CHPPNS Handbook.

You can expect to hear from CHPPNS regarding the status of your application in May. If you have any questions before then, please contact us at chppns.info@gmail.com.