

CCPPNS Membership Application

Date: _____ Area (north or south): _____

Regional Council (or *check here* if Independent Member School): _____

SCHOOL INFORMATION

School Name: _____

School Address: _____

Mailing Address (if different): _____

School Website: _____

School Email: _____ School Phone: _____

Director Name: _____ Current # Families: _____

Director Email: _____ Current # Students: _____

CA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

Facility License Number: _____ Licensed Since: _____

License Type: _____ Max Students Allowed: _____

Check here if License Exempt under jurisdiction of school district, city or county: _____

INSURANCE

Liability Insurance Policy Carrier: _____

Property Insurance Policy Carrier: _____

Directors & Officers Insurance Policy Carrier: _____

Student Accident Insurance Policy Carrier: _____

Workers Compensation Insurance Policy Carrier: _____

FILING INFORMATION

Federal Tax Employer Identification Number (EIN): _____

CA Franchise Corporate (CORP) Entity ID Number: _____

Secretary of State CORP Business Entity Number: _____

Attorney General DOJ Registry of Charitable Trusts Registration Number: _____

Check here if school has been granted exemption from annual Registry reporting requirement: _____

CCPPNS MEMBERSHIP DUES

Please Make check out to: **CCPPNS**

Council School \$80 _____

or Independent Member School \$90 _____

Past due / Other: _____

Total:

Mail to:

CCPPNS Membership
Attention: Joyce Woodruff
8619 Aviation Blvd.
Inglewood, CA 90301

COMPLETED BY

Name: _____ Position: _____

Signature: _____ Date: _____