



**St Paul Christian School
Enrollment Form 2017-2018**

Class : _____

41 Easton Road
Westport, CT 06880

Child's Name : _____ M F

Address _____
(Street) (City/Town) (State) (Zip)

Date of Birth ___/___/___ Home Phone : _____ Email: _____

Mother's Name (Print) _____ Cell Phone : _____

Father's Name (Print) _____ Cell Phone : _____

<u>ENROLLMENT FEES :</u>	Ones, Two's	\$100	<input type="checkbox"/>
	Three's, Four's	\$250	<input type="checkbox"/>
	Five's	\$250	<input type="checkbox"/>
	Kindergarten	\$1000	<input type="checkbox"/>

\$100 of the enrollment is a registration fee. The balance is applied to the second tuition payment.

Enrollment fees are non-refundable should a student be withdrawn after enrollment.

The school reserves the right to cancel the class due to low enrollment. The school also reserves the right to run the class with low enrollment should the school deem it to be educationally sound.

Please complete this form and return to the office with the enrollment fee to secure your placement.

One's Mommy & Me **Terrific Two's AM – T & Th** _____ **M,W,F** _____ **M – F** _____
 1 Day/Wk

Terrific Two's PM - T & Th _____ **M,W,F** _____ **M – F** _____

Three's
 3 Day 3 AM
 5 Day 3 AM

Four's
 5 Day 4 AM
 4 Day 4 AM

Five's

Kindergarten

Please note: In accordance with Connecticut state regulations, St Paul Christian School requires, for each child admitted, a health record that shall include (but is not limited to):

1. A **physical examination** signed by a licensed physician, physician assistant or certified nurse practitioner and;
2. An **immunization record** that provides evidence of immunizations completed in accordance with state regulations, or where such immunizations are medically contraindicated, a statement to that effect signed by the child's parent or guardian that states that immunization is contrary to the child's or parent's religious beliefs, or a statement signed by a physician or local health director that states that the child has had a confirmed case of measles, mumps, chickenpox or rubella.

Parent's Signature : _____ Date : _____

Office Use Only :

<u>Enrollment Payment :</u> Date Rcvd _____ Check # _____ Amt _____	<u>Contract Information :</u> Date Contract Sent: _____ Date Contract Rcvd: _____
<u>Contract Payments :</u> Date Rcvd _____ Check # _____ Amt _____ Date Rcvd _____ Check # _____ Amt _____	