+ St. Paul Christian School Westpert. et . est 1976	• •	t. Paul Christian Sch rollment Form 2025		<u>Class</u> :		
41 Easton Road Westport, CT 06880						
Child's Name :				_ 🗆 M 🗆 F		
Address						
Address(S	Street)	(City/Town)	(State)	(Zip)		
Date of Birth//	Home Phone :_		Email:			
Mother's Name (Print)	l	Cell	Phone :			
Father's Name (Print)_		Cell	Phone :			
Enrollme	ent Fee: \$250	Administration Fee Tuition Deposit		<u>\$150</u>		
 The Enrollment Fee is <u>non-refundable should a student be withdrawn after enrollment.</u> The Tuition Deposit is applied to the second tuition payment. 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. However, if the school cancels a class, all tuition and fees paid will be refunded. If a student withdraws after the tuition contract is signed, no refunds will be made. 						
riedse complete mis form and reform to the office with the enfoitment tee to secure your placement.						

Tiny Tots – M & W 🛛	Two's - 2 Day 2's □	3 Day 2's □	5 Day 2's □
	T & Th	M-W-F	M - F
Three's □ 3 Day 3's □ 5 Day 3's	Four's		Five's Foundations

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:

1 Mar 14

Date:

For Office Use Only:	
Enrollment Payment :	Contract Information :
Date Rcvd Check # Amt	
Contract Payments :	Date Contract Sent:
Date Rcvd Check # Amt	Date Contract Rcvd:
Date Rcvd Check # Amt	