

Date of Enrollment\_\_\_\_\_

### APPLICATION FOR ADMISSION

Child's full name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street city state zip

Phone # \_\_\_\_\_ Birth date: \_\_\_\_\_

Mother's name \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Business address \_\_\_\_\_  
street city state zip

Father's name \_\_\_\_\_ Email Address \_\_\_\_\_

Father's occupation \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Business address \_\_\_\_\_  
street city state zip

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

If Parents cannot be reached in an emergency, please call: (provide 2 contact names)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

In the event of an emergency, I authorize The Canaan Ridge School to allow the transport of my child by emergency vehicle to Stamford Hospital for immediate medical attention.

(My child's physician will be notified.) \_\_\_\_\_  
Signature

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#### Please check the program requested for your child:

Full Time Programs: Kindergarten \_\_\_\_\_ 1<sup>st</sup> Grade \_\_\_\_\_ 2<sup>nd</sup> Grade \_\_\_\_\_ 3<sup>rd</sup> Grade \_\_\_\_\_ 4<sup>th</sup> Grade \_\_\_\_\_

3 & 5 Day Programs: Pre-K 3 Day: \_\_\_\_\_ Pre-K 5 Day \_\_\_\_\_ Nursery 3 Day \_\_\_\_\_ Nursery 5 Day \_\_\_\_\_

Please check AM or PM on the days requested:

Monday  AM  PM Tuesday  AM  PM Wednesday  AM  PM

Thursday  AM  PM Friday  AM  PM

I hereby wish to make a formal application to enroll my child in The Canaan Ridge School. Enclosed is my check for \$300 as a registration deposit to be credited against the full tuition payment. (I understand that this registration fee is non refundable).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_