

Date of Enrollment _____

Little Beginners APPLICATION FOR ADMISSION

Child's full name _____

Address _____
first middle last

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# _____

I 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

Please check the program requested for your child

Two Day ~ Tuesday and Thursday 9:00 am to 11:40 am _____

Three Day ~ Monday, Wednesday and Friday 9:00 am to 11:40 am _____

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 _____