



St. Stephen's Nursery School

351 Main Street
Ridgefield, CT 06877
(203) 438-6806

Application Agreement

I hereby make an application for the enrollment of our child in St. Stephen's Nursery School.

I have read and agree to the provisions set forth in the current descriptive brochure of the school.

Child's Name: _____ Enrollment Date: _____

Address: _____ E-Mail Address: _____

Town: _____ Zip Code: _____

Date of Birth: _____ Home Phone: _____

Mother's Name: _____ Member St. Stephen's (Yes / No)

Address: _____

Occupation/Title: _____ Business Phone: _____

Business Address: _____

Father's Name: _____ Member St. Stephen's (Yes / No)

Address: _____

Occupation/Title: _____ Business Phone: _____

Business Address: _____

Sibling(s) Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I wish to register my child for:

- | | |
|---|--------------|
| _____ 3 year old (Tuesday, Thursday) | 9:00-11:30am |
| _____ 3 year old (Wednesday) | 11:30-2:00pm |
| _____ 4 year old (Monday, Friday- 9:00-11:30am) & Wednesday | 9:00-1:50pm |
| _____ 4 Enrichment (Monday, Wednesday) | 11:30-2:00pm |
| _____ Pre-K (Monday, Tuesday, Thursday-12:30-3pm & Friday) | 9:00-1:50pm |
| _____ K-Enrichment (Tuesday, Thursday) | |

I have enclosed a recent photo of my child. _____

I have enclosed a non-refundable registration fee of \$100.00(\$50.00 for K-Enrichment) payable to: St. Stephen's Nursery School. _____

Note: Tuition is non-refundable

Parent/ Guardian Signature _____