



Expanding the Mind. Nurturing the Spirit. Celebrating the Child.

351 Main Street, Ridgefield, CT 06877 - 203.438.6806 - www.ststephensnurseryschool.org

Application Agreement/Enrollment Form  
2017-2018 SCHOOL YEAR

I hereby make an application for the enrollment of our child in St. Stephen's Nursery School.  
I have read and agreed to the provisions set forth in the current descriptive brochure/website of the school.  
The school's behavior modification policy has been explained to me and I understand the school's policy.

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Member of St. Stephen's Church (Yes / No)  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Member of St. Stephen's Church (Yes / No)  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Sibling(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I wish to register my child for:

- \_\_\_\_\_ Terrific Threes 3 Day Tuesday, Wednesday Thursday T, W, Th 9:00 – 12:30
- \_\_\_\_\_ Fabulous Fours 4 Day Mon, Tues, Wed, Fri M, T, W 9:00 – 12:30 am  
Fri 9:00 – 1:45 pm
- \_\_\_\_\_ Fantastic TK 4 Day Mon, Tues, Thurs, Fri M, T, Th 9:00 – 12:30  
Fri 9:00 – 1:45 pm

\_\_\_\_\_ I have enclosed a recent photo of my child.

\_\_\_\_\_ I have enclosed a non-refundable registration fee of \$100.00 payable to St. Stephen's Nursery School.

**Note: Registration fee and Tuition are non-refundable.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_