



Application for Enrollment/2024-2025

Start Date: _____ Class: _____

Fee Paid: _____

Date Received: _____ (For School Use)

Child's Name: _____ Gender: _____

Birth Date: _____

Parent's(s)/Guardian's(s) Name(s): _____

Address: _____

Email Address: _____

Phone Number: _____

Other Children: _____ Age: _____

Other Children: _____ Age: _____

How did you hear about CCNS?

I acknowledge that I have been given a copy of CCNS' Discipline Policy and it has been verbally discussed with me. I understand the School's methods of managing child behaviors. _____ (Parent's or Guardian's initials)

A fee of \$50.00 is required to accompany this application. This application fee is non-refundable.

Please return the application and fee to the following address:

CCNS
4 Trolley Place
Rowayton, CT 06853

Please indicate if you are interested in scholarship information. _____