



## Application for Enrollment/2020-2021

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. \_\_\_\_\_