



**St. Paul Christian School  
Enrollment Form 2026-2027**

**Class :** \_\_\_\_\_

41 Easton Road  
Westport, CT 06880

Child's Name : \_\_\_\_\_ ☐ M ☐ F

Address \_\_\_\_\_  
(Street) (City/Town) (State ) (Zip)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name (Print) \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Father's Name (Print) \_\_\_\_\_ Cell Phone : \_\_\_\_\_

<b>Enrollment Fee: \$250</b>	<b>Administration Fee</b>	2's, 3's, 4's, 5/K	\$100
	<b>Tuition Deposit</b>	2's, 3's, 4's, 5/K	\$150
		<b>TOTAL:</b>	<b>\$250</b>

- The Enrollment Fee is non-refundable should a student be withdrawn after enrollment. The Tuition Deposit is applied to the second tuition payment.
- The school reserves the right to cancel the class due to low enrollment. The school also reserves the right to run the class with low enrollment should the school deem it to be educationally sound. However, if the school cancels a class, all tuition and fees paid will be refunded.
- If a student withdraws after the tuition contract is signed, no refunds will be made.

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Please complete this form and return to the office with the enrollment fee to secure your placement.

**Tiny Tots – M & W** ☐ **Two's - 2 Day 2's** ☐ **3 Day 2's** ☐ **5 Day 2's** ☐  
T & Th M-W-F M - F

**Three's**  
☐ 3 Day 3's  
☐ 5 Day 3's

**Four's**  
☐

**Five's Foundations**  
☐

**Please note:** In accordance with Connecticut state regulations, St Paul Christian School requires, for each child admitted, a health record that shall include (but is not limited to):

1. A physical examination signed by a licensed physician, physician assistant or certified nurse practitioner and;
2. An immunization record that provides evidence of immunizations completed in accordance with state regulations, or where such immunizations are medically contraindicated, a statement to that effect signed by the child's parent or guardian that states that immunization is contrary to the child's or parent's religious beliefs, or a statement signed by a physician or local health director that states that the child has had a confirmed case of measles, mumps, chickenpox or rubella.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Enrollment Payment :

Date Rcvd \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

Contract Payments :

Date Rcvd \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

Date Rcvd \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

Contract Information :

Date Contract Sent: \_\_\_\_\_

Date Contract Rcvd: \_\_\_\_\_