

St. Paul's Child Development Center, Inc.
1475 Noble Avenue
Bridgeport, CT 06610
(203) 384-6023

Child's Name: _____ Date of Birth _____

Parent's Names _____

Address _____

Phone Numbers-Mother: hm _____ wk _____ cell _____

Phone Numbers-Father: hm _____ wk _____ cell _____

Email address: _____

School Year Schedule: Sept. 4, 2012 to June 14, 2013 (excluding vacation days as noted on attached policies). We are open Monday to Friday, 7:30 a.m. to 5:30 p.m.

Pre-School Registration

___ Monday	Time _____
___ Tuesday	Time _____
___ Wednesday	Time _____
___ Thursday	Time _____
___ Friday	Time _____

Tuition Agreement:

I have completed the above Registration for St. Paul's CDC program as noted above. I have attached a **non-refundable registration fee** to hold my child's space. Tuition for the Fall-Spring 2012-2013 schedule above will be calculated and given to you prior to your child starting school. I agree to pay my tuition on a timely basis and I will comply with the policies on the attached pages and in my Parent Handbook.

St. Paul's CDC maintains strict confidentiality of all information provided to us by parents. St. Paul's CDC provides an open enrollment of children from all racial, ethnic and economic backgrounds.

Parent signature

Date