

The Canaan Ridge Summer Session 2009

2810 Long Ridge Road
Stamford, CT 06903
(203) 322-7191

3-4 year ½ day program 9:00am-12:00pm*

3-7 year full day program 9:00am-3:00pm

**3 year old children may attend from 9:00am-3:00pm*

If they attended the 2008 - 2009 school year

Please check each weekly session your child will attend. **There is a 4-week minimum.**

3-year ½ day program: 4 weeks \$1520 (\$380 per additional weeks) 8 weeks \$2870

3-7 full day program: 4 weeks \$1800 (\$450 per additional weeks) 8 weeks \$3400

Payment *in full* is due April 1st

6/15 - 6/19

6/29 - 7/3

7/13 - 7/17

7/27 - 7/31

6/22 - 6/26

7/6 - 7/10

7/20 - 7/24

8/3 - 8/7

Child's full name _____
first middle last

Address _____
street city state zip

Phone# _____ **Cell/** _____

Birth date: _____

Mother's name _____

Mother's occupation _____ **Phone#** _____

Business address _____
street city state zip

Father's name _____

Father's occupation _____ **Phone#** _____

Business address _____
street city state zip

Child's Physician _____ **Phone#** _____

If Parents cannot be reached in an emergency, please call: (provide 2 contact names)

Name _____ **Relationship** _____ **Phone#** _____

Name _____ **Relationship** _____ **Phone#** _____

**In the event of an emergency, I authorize The Canaan Ridge School to allow the transport of my child by emergency vehicle to Stamford Hospital for immediate medical attention.
(My child's physician will be notified.)**

Parent or Guardian signature: _____ **Date** _____