

# 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 1<sup>st</sup>**

**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** \_\_\_\_\_