Children's Day School of Wilton

NEW FAMILY REGISTRATION APPLICATION 2024-2025

Please fill out a separate application and submit a separate check for each child

If submitting electronically, please send to office@cdsw.org

Child and Family Information	
Child's Full Name:	Preferred Name in School:
Date of Birth:	Gender:
Parent Name:	Parent Name:
Home Address:	Secondary Home Address (if applicable):
Preferred Email Address (for school communication):	Preferred Phone Number (for directory and class list):
Name(s) of other preschool(s) child has attended:	
<u>Siblings</u> Name(s):	Birthdate(s):
How did you hear about CDSW? (please circle) Face * Referred by:	book/Instagram Google Friend* Other
Program Choice	
PLEASE NOTE: Class offerings are subject to change due to enrollment. Specific program days are to be determined.	
TWOS CLASSES	
8:45 am - 11:45 am ~ Snack Only	
2 - Day Twos	
3 - Day Twos	
<u>Special Requests:</u>	

THREES CLASSES	
9:00 am - 12:30 pm ~ Children Bring Lunch & Snack	
3 - Day Threes	
4 - Day Threes	
<u>Special Requests:</u>	
FOURS CLASSES	
9:00 am - 1:00 pm ~ Children Bring Lunch & Snack	
4 - Day Fours	
——— 5 - Day Fours	
<u>Special Requests:</u>	
FIVES CLASS	
8:45 am - 1:15 pm ~ <i>Children Bring Lunch & Snack</i>	
5 - Day Fives	
Registration Fees	
TWOS, THREES & FOURS	
A registration fee of \$200 must accompany each registration application. This fee will be refunded only if your child is placed on a waitlist and does not receive an offer of enrollment for the 2024-2025 school year. Refunds will not be given if an offer of enrollment is declined.	
FIVES PROGRAM	
A registration fee of \$500 must accompany each registration application. This fee will be refunded only if your child is placed on a waitlist and does not receive an offer of enrollment for the 2024-2025 school year. Refunds will not be given if an offer of enrollment is declined, unless the spot can be filled, in which case \$300 will be refunded. For enrolled children, \$300 of the \$500 fee will be applied to the first tuition payment.	
Parent Signature: Date:	
For potential scholarship applications, please see the Director	