

Toddertime Nursery School
23 Park Street
New Canaan, Ct. 06840
(Tel) 203.972.3111 (Fax) 203.972.3125



Emergency Information Form

The State of CT requires us to have the following information completely filled out. If a section doesn't apply please write "N/A". Kindly notify us of any changes to the information you give on this form when they occur.

Child's Name: _____ Male/Female _____ Birth Date: _____

Home Address: _____

Home Phone: _____ Family Email: _____

Parent/Guardian's Name: _____

Home Phone (if different): _____ Cell phone: _____

Home Address (if different): _____

Business Address: _____ Work Phone: _____

Parent/Guardian's Name: _____

Home Phone (if different): _____ Cell phone: _____

Home Address (if different): _____

Business Address: _____ Work phone: _____

Live-in or Regular Sitter authorized to pick up your child: _____

Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

If the parents are not available in an emergency, the following people are authorized to be contacted to pick my child up from school:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I give permission for my child named above to receive first aid or emergency medical care and to be transported by a local emergency vehicle to an appropriate medical facility if necessary. I give permission for my child to receive medical treatment at that facility. I know that any expenses incurred through transportation and treatment is the responsibility of the parents.

Parent/Guardian Signature: _____ Date: _____