

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

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



Emergency Information Form

We are required by the State to always have the following information on file while your child is enrolled. Kindly notify us of any changes to the information you give on this form as soon as they occur. The state requires that you complete the entire form so if something is N/A please write that.

Child's Name: _____ Male/Female _____ Birth Date: _____
Home Address: _____
Home Phone: _____ Family Email: _____

Mother/Guardian's Name: _____
Home Phone (if different): _____ Cell phone: _____
Home Address (if different): _____
Place of Business: _____ Work Phone: _____

Father/Guardian's Name: _____
Home Phone (if different): _____ Cell phone: _____
Home Address (if different): _____
Place of Business: _____ 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: _____

Emergency Authorization: I give my consent for the First Aid and CPR certified staff of Toddlertime, to administer first aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. I give permission for staff to make whatever emergency (fire, weather, medical and evacuation) as judged necessary for the care and protection of my child while under supervision of the center

Behavior Management and Parent Handbook: I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Walking field trips: I give permission for our child to take part in all school activities including walking field trips to the Historical Society and St. Michael's playground which are located across the street from us. It is part of our regular program for classes (other than the 2's/Social Butterflies) to play on the Historical Society lawn (3's & up) and St. Michael's playground (4's & up). _____

Photos/Videos:

I give permission for media to be used on the Family app for school purposes only _____

I give permission for media to be used for marketing purposes _____

Contact Information:

I give permission for my contact information to be included on the class roster and posted on Family _____

If two people have custody, both must sign:

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____