

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

ToddlerTime Nursery School
23 Park Street
New Canaan, CT 06840
(Tel) 203.972.3111



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: _____

Business Address: _____

Father/Guardian's Name: _____

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

Home Address (if different): _____

Place of Business: _____ Work phone: _____

Business Address: _____

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: _____

Child's Name: _____

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: (signature required)

For 4's/5's: It is part of our regular program for our 4's/5's to take walking field trips to the Historical Society to use their lawn. I give permission for our child to take walking trips to The Historical Society. _____

I give permission for my child to take walking field trips at the same postal address as Toddlertime including, but not limited to, our lawn, garden areas, parlor, and the chapel (for programming). These spaces are not inspected or approved by the Office of Early Childhood Education. The only property which is inspected and approved by the state is our actual classroom space, Smith Hall, and our fenced outdoor playground. I acknowledge that there are inherent risks associated with being outside in natural areas that are not licensed. _____

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 on social media _____

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: _____