



Toddler Program 2019

Mommy and Me

10:00 - 11:30 (Child with Caregiver)

Our class is a gentle introduction to preschool and includes enriched classroom activities, outdoor play, farm visits, storytime, arts and crafts, gym, music, puppets, snacks and more!

Spring 2019 Session
\$450 - Fridays, 8 weeks from March to May

March 15th, 22nd, 29th
April 5th, 12th, 26th , (no class on 19th)
May 3rd, 10th (if needed, make up snow day, 17th)

Who will be participating in the program with your toddler?

Mother: _____ Father: _____ Other Caregiver: _____

Full payment is due upon registration

Date

Parent Signature

Please Print Name

("Parent" as used on both sides of this application shall also mean Legal Guardian.)

Toddler Info:

First Name: _____ Last Name: _____ Gender: M/F ___ DOB: ___/___/___

Home Address: _____ City: _____ State: _____ Zip: _____

Pediatrician: _____ Pediatrician's Phone: _____

Mother's Info:

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Email: _____

Father's Info:

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Email: _____

Parent or Caregiver participating in Mommy & Me program:

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____ Email: _____

Emergency Contact - If you are not present, and there is an emergency, we will do our utmost to contact you. Should you not be available, who would you trust to make decisions on your behalf.

First Name: _____ Last Name: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Email: _____

EMERGENCY TREATMENT RELEASE

Toddler's Name: _____

In the event that I cannot be reached in case of an emergency affecting my child at school, I hereby give permission to my physician as listed in the school records or the physician or other appropriate persons selected by the Principal or a school official to administer treatment to my child as named above.

Date Parent Signature Please Print Name

Parent represents to the School that written in the space below is his/her student's history of physical, social and/or mental medical conditions including allergies, surgical procedures, therapy programs and/or regularly-taken prescription medication(s):

Due to allergies, does your child require either Epi-Pen? Yes ____ No ____
of the following: inhalator? Yes ____ No ____

Parent represents to the School that the student is able to participate in all School activities and that the student's involvement in school activities will not impinge or impact negatively on the student, any other student or the School program.

Parent agrees to advise the Principal/Directors promptly IN WRITING of any change in the student's physical, social or mental medical conditions (as indicated above) between the date of enrollment and the start of the School year as well as throughout the School year.

I have read, understand and agree to the above terms and conditions.

Date Parent Signature Please Print Name