

TODDLER TOWN, LLC
A CHILD CARE CAMPUS and LEARNING CENTER
120 Store Avenue, Waterbury, CT 06705
(203) 753-0728

ENROLLMENT APPLICATION

(Please print clearly with blue or black ink)

Child's full name: _____ Date of birth: _____

Street: _____ Home phone: () _____

City, State, Zip code: _____

Nickname: _____ Soc. Sec. Num: _____

Mother's full name: _____ Home phone: () _____

Street: _____ Soc. Sec. Num.: _____

City, State, Zip code: _____

Occupation: _____ Work phone: () _____

Employer: _____ Pager/Cell phone: () _____

Business address: _____

Work hours: _____ Driver's license #: _____

Father's full name: _____ Home phone: () _____

Street: _____ Soc. Sec. Num.: _____

City, State, Zip code: _____

Occupation: _____ Work phone: () _____

Employer: _____ Pager/Cell phone: () _____

Business address: _____

Work hours: _____ Driver's license #: _____

Child's Physician – Name: _____

Child's Physician's Phone Number: _____

Parent/Guardian with legal custody: _____

Parents are: Married___ Single___ Divorced___ Separated___ Widowed___ Other___

Explain other: _____

With whom does the child reside: _____

Please list household members other than parent(s) and child:

Name: _____, Age: ____, Relationship: _____

Name: _____, Age: ____, Relationship: _____

Name: _____, Age: ____, Relationship: _____

Name: _____, Age: ____, Relationship: _____

Please check the program area* you wish to enroll your child in:

Infant___ Toddler___ Tot___ Preschool___ Before and After School___

*(Infant – ages 6 weeks to 15 months; Toddler – ages 15 months to 24 months; Tot – 2 years of age; Preschool – ages 3 and 4; Before and After School – ages 5 through 12)

Days you would like your child to attend our program: (please check all that apply)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Time your child will arrive at the center: _____

Time your child will be picked up: _____

Child's school (if school aged): _____

EMERGENCY POLICIES WILL ACCOMPANY CHILD ON ALL FIELD TRIPS

Print Parent/Guardian Name

Signature

Date of Application: _____