



Little Learners Toddle Time

(for children 18-36 months old)

Toddle Time is a program designed for toddlers and their parents aimed to provide quality time interacting with other children of the same age. Class sizes are limited to 10 students per class. To ensure quality one-on-one time with your child and to accommodate space, it is necessary to plan for other children. The program consists of art activities, story time, free time, music and movement activities and snack time. Parents and/or caregivers are required to participate in all activities with their child. Current class times are as follows but are subject to change.

Tuesday mornings	9:30 am - 11:00 am
Thursday mornings	9:30 am - 11:00 am
Thursday evenings	6:00 pm - 7:30 pm

It is expected that the student will enroll for the entire year. We cannot give tuition refunds for days your child is absent. There are no exceptions, including trips or long illnesses. When signing up for a Little Learners program, it is the expectation that the student will be enrolled for the entire semester. We reserve the right to withdraw a child from the program for non-payment of a bill.

SCHOOL CLOSINGS

Classes run from mid-September through the end of May. All the programs at Little Learners follow the Fraser Public Schools calendar. All school holidays are observed. We also follow the procedures outlined by Fraser Public Schools regarding school cancellations due to weather conditions, mechanical failures, etc... Tune in to your television for information or check the Fraser Public Schools website or social media pages.

HEALTH

Children with signs of illness such as a temperature, vomiting or diarrhea should be kept at home to ensure the health and well-being of others. The teacher reserves the right to refuse admittance to any child who appears ill.

FRASER PUBLIC SCHOOLS

STUDENT DATA FORM TODDLER TIME

STUDENT DATA		
LAST NAME	FIRST NAME	MIDDLE NAME
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S DATE OF BIRTH / /	STUDENT'S CURRENT AGE
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
HEALTH INFORMATION		
ALLERGIES		
OTHER HEALTH CONCERNS		
CONTACT 1		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		
CONTACT 2		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		

CONTACT 3

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		

SIBLINGS

NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED

WHO WILL BE BRINGING THE CHILD TO CLASS REGULARLY?

NAME	RELATIONSHIP TO STUDENT
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PRESS/VIDEO RELEASE

Fraser Public Schools has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Fraser Public School, the student or family of the student.

Press/Video Release ☐ Yes ☐ No

I understand that I have the right to deny consent to the release of photographs and information specified above by notifying the director of Dooley Little Learners.

_____/_____/_____
PARENT/GUARDIAN SIGNATURE DATE
If permission is denied, please write "DENIED" on the signature line.

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH THE TEACHER

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I certify that the information on this form is true and correct to the best of my knowledge.

_____/_____/_____
PARENT/GUARDIAN SIGNATURE DATE

☐ Tuesday AM

Tuesday PM

☐ Thursday PM