

**TVCCA Little Learners Early Education Program
Pre-Registration Form**

Town looking for care in:

Jewett City____ New London____ Taftville _____ Groton____ Brooklyn _____

Today's Date: _____

Child's Name:

Last First DOB Gender
Child's Name:

Last First DOB Gender
Address:

Street City Zip Code
Phone Number: _____ OR _____

Parent or Legal Guardian(s):

Mother's Name: _____ Employment: _____

Father's Name: _____ Employment: _____

Is your child toilet trained? _____ On any medications? _____ Any allergies? _____

Please Note: Due to the abundance of children on our waiting lists, if we try to contact you and do not have a correct phone number or we don't get a return phone call back within 24 hours you will be immediately pulled off the waiting list.