



SGF Day Nursery School Registration

15 Maplewood Parkway, South Glens Falls, NY 12803

Phone: (518) 743-1847

Email: sgfdaynurseryandupk@gmail.com

Director: Laura VanGuilder

Class: (circle choice)

Tuesday and Thursday mornings 9:00 to 11:15

Monday, Wednesday and Friday mornings 9:00-11:15

Child's Name: _____ Sex: _____ Age in September: _____

Birth date: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State and Zip: _____

Mailing Address if different from above: _____

Email: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Who should we contact **First** in an emergency: _____

Are both parents currently living with the child? _____

Babysitter: _____ Phone: _____

Other members of the household (brother, sister, grandparent, etc.):

Name

Age

Relationship to Child

Does your child have complete control of urination currently? _____

Does your child have complete control of BM currently? _____

I understand that my child must be 95% toilet trained by September _____ (initial)

Do we have permission to help your child with bathroom needs? _____

Are there any **health problems** or restrictions? _____

Does your child have any **allergies**? _____

Is your child up to date with his/her shots? _____

Please include a copy of his/her vaccinations.

Please notify us immediately if any of this information changes.

In Case of Emergency- If parents cannot be reached, I give my permission to have my child taken to the nearest emergency room and will assume all financial responsibility.

Signature: _____ Date: _____