

SFGUM Day Nursery School/ Registration  
15 Maplewood Parkway, So. Glens Falls, NY 12803  
Phone 743-1847  
Director-Niki Baker 793-6996

Preferred Class \_\_\_\_\_ Second Choice \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age (in Sept.) \_\_\_\_\_

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**EMERGENCY CONTACT** (other then home) \_\_\_\_\_ Phone \_\_\_\_\_

Who should we contact FIRST in an emergency? \_\_\_\_\_ Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Place \_\_\_\_\_ Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Work place \_\_\_\_\_ Phone \_\_\_\_\_

Are both parents currently living with the child? \_\_\_\_\_

Babysitter information \_\_\_\_\_

Other members of the household (brother, sister, grandparents, other)

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have complete control of urination at this time? \_\_\_\_\_ In Sept. \_\_\_\_\_

Does your child have full control of BM at this time? \_\_\_\_\_ In Sept. \_\_\_\_\_

I understand that my child must be 95% toilet trained by September \_\_\_\_\_ (initials)

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

*Are there any health problems (allergies) or restrictions?* \_\_\_\_\_

Is your child up to date with all his/her shots? \_\_\_\_\_

Please notify us immediately if any of the above information changes!!!! Thank You

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 for this. \_\_\_\_\_ Date \_\_\_\_\_