



Childcare Registration

Child's Name: _____ **Goes by:** _____

Nursery: _____ Infant/Toddler or _____ Preschool/Early Elem.

Enrollment: _____ Fall Semester and/or _____ Spring Semester

Parent's Name: _____

Parent's Cell/Text #: _____

Diet: (Formula, breast milk, solid foods, favorites, etc.)

Allergies: _____

BATHROOM/DIAPERS: (Note level of independence and special instructions): _____

IF CHILD IS UNHAPPY*: List comfort objects, books, pacifier, blanket, etc.: _____

***SPG's policy is to attempt to console your child(ren) for up to 20 minutes. If the child remains inconsolable the Child Care Coordinator will call or text you in class. Please provide your cell phone number on the sign in sheet.**

OTHER- Anything else you would like us to know!!