



COASTAL KIDS PRESCHOOL ENROLLMENT APPLICATION

12 JACKIE'S TRAIL
DAMARISCOTTA, ME 04543
(207) 563-5335

CONTACT INFORMATION

Name of child: _____ DOB: _____ M F

Mother or Primary Guardian: _____

Address: _____

Zip _____ Tel #: _____ Cell #: _____

Email: _____

Name of Employer (if applicable): _____

Workplace Address: _____ Tel #: _____

Spouse or Additional Guardian(s): _____

Address: _____

Zip: _____ Tel #: _____ Cell #: _____

Email Address: _____

Name of Employer (if applicable): _____

Workplace Address: _____ Tel #: _____

CHILD'S MEDICAL INFORMATION

Are your child's immunizations up to date? _____

Child's Physician: _____ Tel #: _____

Address: _____

Child's Dentist: _____ Tel #: _____

Address: _____

Has your child ever required hospitalization? _____

Has your child ever undergone an operation or sustained a serious injury? If so, please specify.

Please list all allergies, food sensitivities, or other dietary needs. _____

Please describe any medical conditions/special needs your child may have: _____

EXTENDED FAMILY, EMERGENCY CONTACTS, AND CHILD PICK-UP

Maternal grandparent(s): _____

Address: _____ Tel# _____

Email: _____

Emergency contact? Yes No Permission to pick up your child? Yes No

Paternal grandparent(s): _____

Address: _____ Tel# _____

Email: _____

Emergency contact? Yes No Permission to pick up your child? Yes No

Please list any additional person(s) to contact in case of emergency.

Name: _____ relation _____

Address: _____ Tel #: _____

Permission to pick up your child? Yes No

Name: _____ relation _____

Address: _____ Tel #: _____

Permission to pick up your child? Yes No

SCHEDULE REQUEST

Which days would you like your child to attend? Please circle all that apply.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

A minimum of two days per week is required. A three-day schedule must include Monday or Friday.

Would you like the AM Program only? (8:30 am – 12:00 pm) Yes No

Would you like early drop-off? (7:00 am – 8:30 am) Yes No

Would you like the extended day? (1:00 pm – 5:00 pm)* Yes No

Would you like 5:30 pm pick-up? (**Extra \$3 per charge day**) Yes No

*If you requested the extended day, please specify what time in the afternoon would you like to pick up your child: **1:00** **1:30** **2:00** **2:30** **3:00** **3:30** **4:00** **4:30** **5:00**

PARENT/GUARDIAN SIGNATURE

Signature: _____ Date: _____

*Please return this application with \$25.00 registration fee to:
Coastal Kids Preschool, 12 Jackie's Trail, Damariscotta, ME 04543.*

If you would like to schedule a tour, please call us at (207)-563-5335.