



COASTAL KIDS AFTERSCHOOL 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 afternoons would you like your child to attend? Please circle all that apply.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

_____ I would like to enroll on an “as needed basis” (space permitting-please call ahead)

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

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.