

Name of Child:	DOB:
MEDIA PERMISSION	
	reschool to photograph or videotape my child for educational purposes
	ns may appear in local newspapers, Coastal Kids' website
	or on the Facebook page. Names will not be used without my
	child engaging in preschool activities may be used for promotional
purposes at schools, fairs, local cl	ubs, and with Community Partners such as United Way and 5210.
Parent Signature	Date
WADING PERMISSION	
*Due to requirements from the D	Department of Health and Human Services, all children must have a
signed permission slip to particip	ate in swimming or wading pool activities.*
I hereby authorize my child to pa	rticipate in wading pool activities at Coastal Kids. I understand that a
staff member certified in CPR will	l be present at all times during any wading or pool play.
Parent Signature	Date
(Examples include the Boothbay I understand that I will always noti	reschool to take my child on any field trips off the school premises. Railway Museum, the Maine State Aquarium, apple picking, etc.) I ified in advance of any trip. All staff who drive on field trips have had inpleted the Bureau of Highway Safety's Child Care Provider Transporter I be used.
Parent Signature	Date
	ENT, AND TICK REMOVAL PERMISSION apply the school's sun block lotion SPF 30+ as needed. No, I will send sunscreen.
Lgive Coastal Kids Permission to a	apply the school's insect repellent.
Yes	No, I will send insect repellent. □
_	o remove ticks immediately per the recommended guidelines of the and to be contacted about its removal in a timely fashion. No, I wish to be contacted first.