

COASTAL KIDS PRESCHOOL
12 JACKIE'S TRAIL
DAMARISCOTTA ME 04543
(207) 563-5335

Name of child: _____ DOB: _____ M ___ F ___

Mother's Name: _____

Address: _____

_____ Tel# _____

Place of Employment: _____ Tel#: _____

Father's Name: _____

Address: _____ Tel#: _____

Place of Employment: _____ Tel#: _____

Email address _____

Siblings of child: _____

Are your child's immunizations up to date? _____

Child's Physician: _____ Tel#: _____

Child's Dentist: _____ Tel#: _____

Has your child ever required hospitalization? _____

Operations or serious injuries? _____

Allergies _____

Is your child toilet- trained? _____

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

Please describe your child's interests: _____

What goals do you have for your child in preschool? _____

Any additional comments you would like to make about your child? _____

Please list the person(s) who will be allowed to pick up your child from preschool:

1) Name: _____

Address _____ Tel#: _____

2) Name _____

Address _____ Tel#: _____

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

1) Name _____

Address: _____ Tel#: _____

2) Name _____

Address: _____ Tel#: _____

I would like to enroll my child on the following days (circle):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I would need 7:30 AM drop off _____ extended care until (circle) 1 2 3 4 5 PM

Parent Signature: _____ Date: _____

Please return this application to:
Coastal Kids Preschool
12 JACKIE'S TRAIL
Damariscotta ME 04543

(for staff) date enrolled_____