

St. Croix Regional Technical Center Preschool

Calais, Maine 04619

Phone: 454-2581

FAX: 454-2597

Enrollment Form

Today's Date _____

Child's Name _____

Birthdate _____ Age: _____ years _____ months

Mother _____

Address _____

Home phone _____

Work _____

Cell _____

Father _____

Address _____

Home phone _____

Work _____

Cell _____

Child lives with: both parents _____

mother _____

father _____

other _____

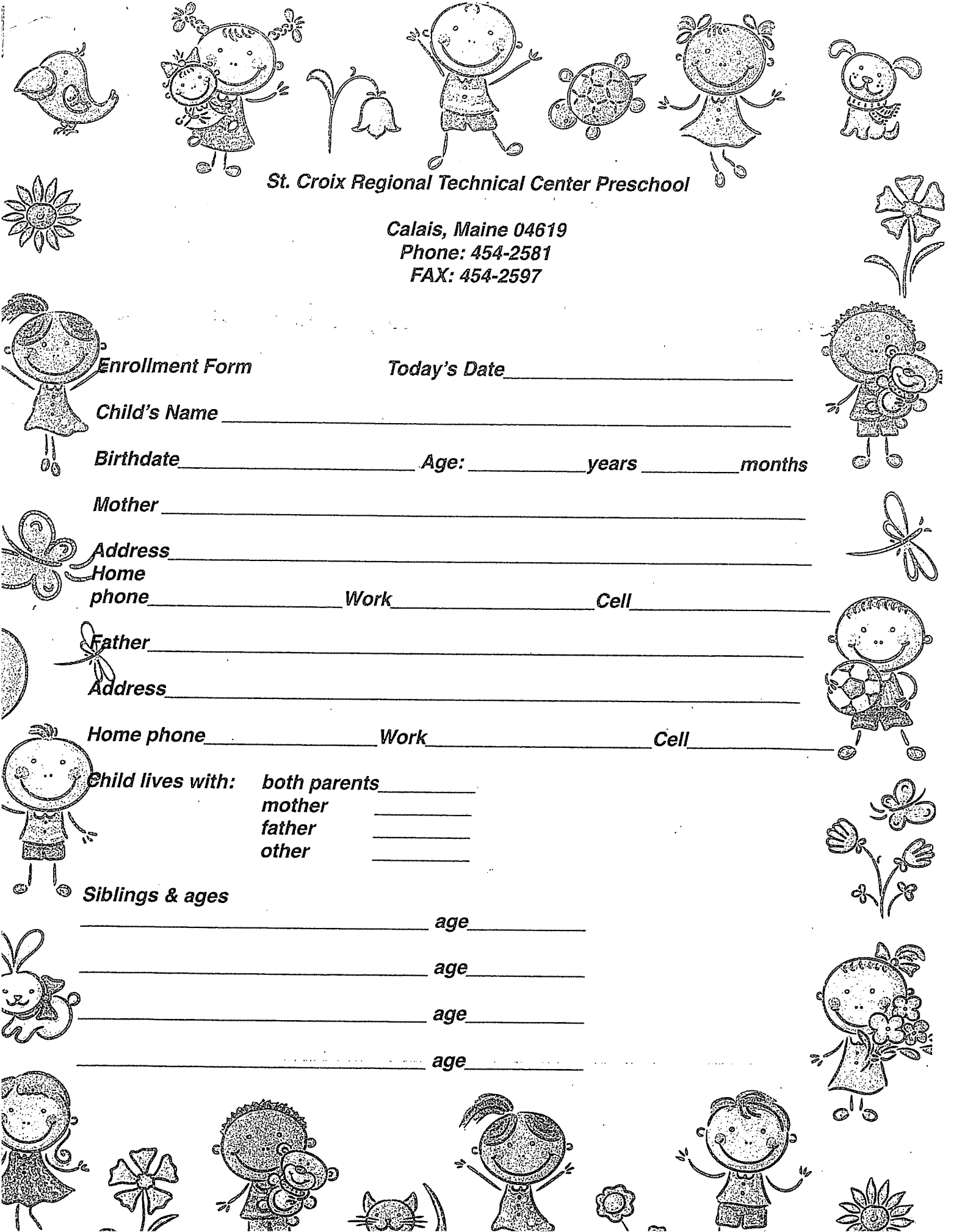
Siblings & ages

_____ age _____

_____ age _____

_____ age _____

_____ age _____



Who has permission to transport your child?

relationship _____ Phone _____

relationship _____ Phone _____

relationship _____ Phone _____

MEDICAL EMERGENCY

Child's name _____ Birthdate _____

Insurance Company _____

Policy Number _____ Group _____

Policy holder _____

Child's physician _____ Phone _____

Child's dentist _____ Phone _____

Significant medical history?

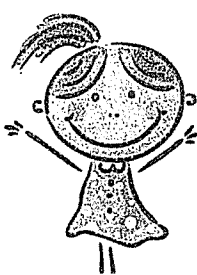
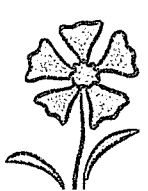
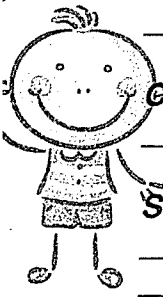
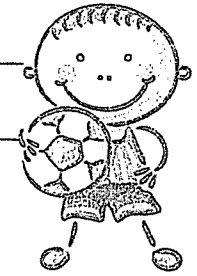
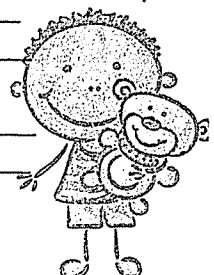
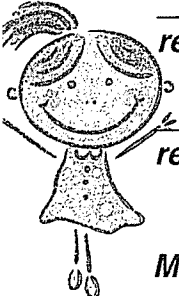
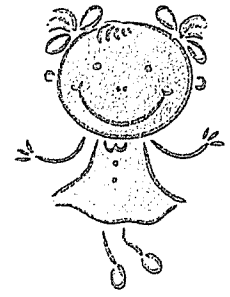
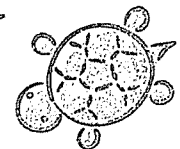
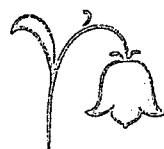
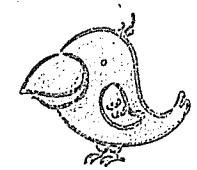
Allergies _____ reaction _____

_____ reaction _____

_____ reaction _____

Immunization record available _____

Birth Certificate copied _____



Toilet habits

Totally independent _____

Occasional accidents _____

May need some assistance _____

Not trained at this point _____

Has your child had a hearing test? _____ yes _____ no _____

Has your child had a vision test _____ yes _____ no _____

Do you have any concerns regarding your child's development?

IN CASE OF EMERGENCY, EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENTS:

I give St. Croix Regional Technical Center staff permission to make whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

In case of medical emergency, I understand that my child may be transported to Calais Regional Hospital by the local emergency unit at my expense, if the local emergency care unit deems it necessary. (School nurse, police, rescue personnel, etc.)

I hereby authorize staff to act on my behalf, in case of emergency.

Parent Signature _____ Date _____

