

STEPPING WITH THE STONES

A Special Place for the First Steps in Learning

APPLICATION

Send to: Stepping With The Stones, 23 Oak Street, Camden, ME 04843

Full name: _____ Nickname: _____

DOB: _____ Age, Sept. 1: _____

Siblings (*Names & ages*): _____ Date: _____

Home address: _____

_____ (include zip code) Phone: _____

Mom's name: _____ Phone: _____

Dad's name: _____ Phone: _____

E-mail addresses: _____

Place of employment: (Mom) _____ & (Dad) _____

Employment Address: _____

Business ph # (Mom): _____ Business Ph# (Dad) _____

Two emergency contacts (*names & phone numbers*):
_____ Phone: _____

_____ Phone: _____

H E A L T H F O R M

The State of Maine requires an immunization record furnished to preschools.

This must be provided before your child starts Stepping With The Stones.

Special attention needed with allergies, food, bee stings, and/or other physical or medical restrictions:

List any daily medications:

Doctor & Dr's Phone #, in case of emergency: _____

Doctor's Address: _____

Dentist's Phone #, in case of emergency: _____

Dentist's Address: _____

Insurance Co. & ID #s, in case of emergency: _____

On back, list (5) or more special needs, personal interests, or other biographical notes helpful for us to know about your child.