

# Mount Desert Nursery School Registration Application

Please complete and provide the necessary paperwork and documentation required before enrollment. As a guideline we have listed below a checklist outlining the required forms.

- Registration form completed and signed
- All permission slips and financial agreement signed
- Copy of immunization records
- Non-refundable registration fee of \$50 (made payable to MDNS)

Please fill in application completely and legibly

Date of Registration:

Child's Name: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*First Middle Last Date of Birth*

Nickname: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_  
Home Address (Street & Mailing, if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_  
Home Address (Street & Mailing, if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_

List child's sibling(s) name(s) and date(s) of birth:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other Person(s) to be notified in case of Emergency (Must Be Local!):

Name:	Name:
Address:	Address:
Phone:	Phone:

Person(s) not previously listed that are authorized to pick up child:

Name:	Name:
Phone#	Phone#
License#	License#

Any person(s) NOT authorized to pick up child\*:

\_\_\_\_\_

If yes, is there a court order? Yes or No

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child

**EMERGENCY INFORMATION** (information must be provided, n/a is acceptable)

Allergies or Intolerance to food, medication, or other special needs:

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I give permission for MDNS childcare staff to obtain whatever treatment may be deemed necessary for my child. This authorization includes my consent for my child to receive treatment in any hospital emergency department. I understand that I will be responsible for any financial costs incurred.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

**SUNSCREEN**

I give permission for childcare staff to apply sunscreen to my child. Unless I provide my own to MDNS, I also acknowledge that childcare staff will use baby sunscreen, SPF 50.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

**PHOTOGRAPHIC RELEASE**

I do\_\_\_/ do not\_\_\_ (check one) give my permission for photographs of my child participating in Nursery School activities to be used by MDNS for public relations and advertising purposes.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

**FIELD TRIPS**

I give permission for my child to participate in field trips through Mt. Desert Nursery School. I understand that I will be notified of trips ahead of time and have the option to withdraw my child from the planned trip if I so desire. (At MDNS we do not transport the children by bus – our field trips are all within walking distance of the school.)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

## **CHILD PROFILE INFORMATION**

Please describe your child's previous group experiences, daycare, preschool, etc.:

How does your child cope with transitions and new situations?

How does your child self-soothe when faced with a challenging situation? An example would be injury or confrontation.

Favorite toys, games, songs and activities:

Special food likes and dislikes:

What is your child's current nap schedule and routine?

How do you discipline your child?

List any pets and other animals, special friends:

Please describe any developmental/behavioral concerns you have about your child:

Does your child have a medical history? Yes or No

If yes, is there anything that would be helpful for our staff to know regarding your child?

How does your child articulate their needs?

**SCHEDULE REQUESTED**

Start date: \_\_\_\_\_

M      T      W      Th      F  
(Circle desired days)

Half Day      Full Day  
(Circle One)

Please note that completing this application does not ensure that MDNS will be able to provide services to you. All dates are subject to availability. All information will be kept strictly confidential.

**Thank you for your interest in our Nursery School. We look forward to seeing you soon and getting to know your child and your family.**

Parent(s)/Guardian(s), please take a moment to share some of your talents with us to see how you can contribute to our community. Examples would be photography, carpentry, sewing, story telling, fundraising, board membership, etc.

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Please send registration application, \$50 non-refundable registration fee, signed parent handbook signature page and immunizations to:

Mount Desert Nursery School & Childcare Center  
PO Box 24/15 Tracy Road  
Northeast Harbor, ME 04662

207-276-5563

Sarah Hinckley, Executive Director  
[mdns.sarah@gmail.com](mailto:mdns.sarah@gmail.com)

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