

APPLICATION FOR ADMISSION TO RAINBOW'S END PRESCHOOL

Date _____ Deposit _____

Enrolling for: _____ 3-Day AM (4-5 Year Olds) 9:00-11:30AM M-W-F
_____ 3-Day PM (4-5 Year Olds) 12:30- 3:00PM M-W-F
_____ 2-Day AM (3 Year Olds) 9:00-11:30AM TUES & THURS

Child's Name:

First _____ Middle _____ Last _____

Sex _____ Birthdate (mm/dd/yy) _____ Place of Birth _____

Street Address _____ City _____ ZIP _____

Home Phone _____ Marital Status of Parents _____

Father's Name _____ Home Phone _____
Cell Phone _____

Father's Place of Employment _____ Phone _____

Mother's Name _____ Home Phone _____
Cell Phone _____

Mother's Place of Employment _____ Phone _____

Legal Guardian (if other than parent) _____

Guardian's Address _____ Phone _____

Child's Doctor _____ Phone _____

PERSON'S TO BE CONTACTED IN CASE OF EMERGENCY: (other than parents)

Name _____ Phone _____

Name _____ Phone _____

To Whom Child May Be Released (Other Than Parents):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Licensing Standards require that the above information be obtained and recorded for each child (Section Six, Part I, Item A, pp. 52 and 53). In addition, the Standards require (p. 53) "Significant Social and Health Information."

TUITION AND FEES:

I understand I am enrolling my child for the year and will pay a monthly tuition at the beginning of each calendar month, which is necessary to hold my child's place in the program. I agree to pay a one time registration fee upon application, to be returned only if the school is unable to accept the application.

Signature of Parent of Guardian

-OVER-

*For office use only

HOURS OF CARE _____

Date of Discharge _____ Reason _____

CONSENT FORMS

1. EMERGENCY MEDICAL CARE

In case of sickness or accident, I hereby consent to Rainbow's End Preschool providing emergency medical care, through a hospital, clinic, or physician for:

(Name of Child)

Name and Phone Number of Physician Preferred

Name of Preferred Hospital

I will responsible for payment of all medical fees upon receipt of bill.

Signature of Parent of Guardian

2. PERMISSION FOR TRIPS AND EXCURSIONS

I hereby consent to Rainbow's End Preschool taking _____
Name of Child

On walking trips in the neighborhood, and special excursions to places of interest, with the understanding that such trips are under the supervision of authorized personnel of the preschool, and that all possible precautions will be taken to insure the health and safety of my child.

Signature of Parent of Guardian

3. PHOTOGRAPHS

Rainbow's end Preschool has my permission to use _____ 's (Name of child) photograph for publicity purposes.

Signature of Parent of Guardian

4.RELIGIOUS INSTRUCTION

I understand that my child will be receiving some religious instruction as part of the daily curriculum of the program.

Signature of Parent of Guardian

5. PRESCHOOL HANDBOOK AND DISCIPLINE:

I have received a copy of the Rainbow's End Preschool handbook and I am aware of the policy concerning the discipline as specified in the handbook.

Signature of Parent/Guardian