

Rainbow's End Preschool Application for Admission 2020-2021

Enrolling for (Circle One): 2 Day AM 3 Day AM 3 Day PM

Student Information:

Child's Full Name: _____ Sex: _____
Date of Birth: ____/____/____ City of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ - _____ - _____ Marital Status of Parents: _____

Parent(s) Information:

Father's Name: _____ Home Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____ Email Address: _____
Place of Employment: _____
Work Phone: _____ - _____ - _____

Mother's Name: _____ Home Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____ Email Address: _____
Place of Employment: _____
Work Phone: _____ - _____ - _____

Legal Guardian Information (if different than parent):

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Physician Information:

Name: _____ Phone Number: _____ - _____ - _____

In Case of Emergency Contact (Other than Parents):

Name: _____ Phone Number: _____ - _____ - _____
Relation to Student: _____
Name: _____ Phone Number: _____ - _____ - _____
Relation to Student: _____

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

Name: _____ Phone Number: _____ - _____ - _____
Relation to Student: _____
Name: _____ Phone Number: _____ - _____ - _____
Relation to Student: _____

Tuition and Fees:

I understand I am enrolling my child for the 2020-2021 school year and I agree to pay a monthly tuition at the beginning of each calendar month, which is necessary to hold my child's place in the program. I understand that I am required to pay a one-time registration fee of \$35.00 upon application, to be returned only if Rainbow's End is unable to accept the application.

Parent's Signature: _____ Date: _____

Emergency Medical Care:

In case of emergency, I hereby consent to Rainbow's End Preschool providing emergency medical care, through a hospital, clinic or physician for my student. I understand that I am responsible for payment of all medical fees upon receipt of a bill.

Name of Student: _____

Name of Physician: _____ Phone: _____

Preferred Hospital: _____

Parent/Guardian's Signature: _____ Date: _____

Permission for Field Trips and Excursions:

I hereby consent to Rainbow's End Preschool taking my child on walking trips through the neighborhood and special excursions to places of interest. I understand that such trips are under the supervision of authorized personnel of the preschool and that all possible precautions will be taken to ensure the health and safety of my child.

Parent/Guardian's Signature: _____ Date: _____

Photographs:

Rainbow's End Preschool has my permission to use photographs of my child for publicity purposes.

Parent/Guardian's Signature: _____ Date: _____

Religious Instruction:

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

Parent/Guardian's Signature: _____ Date: _____

Preschool Policies and Procedures and Discipline Policy:

I have received a copy of the Rainbow's End Preschool Policies and Procedures and I am aware of the discipline policy.

Parent/Guardian's Signature: _____ Date: _____