



Infant, Young Toddler, Advanced Toddler

	Full	Half
5 Days	\$1036	\$784
4 Days	\$947	\$645
3 Days	\$710	\$484

Advanced Toddler

5 Days	\$1007	\$761
4 Days	\$919	\$626
3 Days	\$690	\$470

Intermediate

5 Days	\$924	\$687
4 Days	\$880	\$567
3 Days	\$644	\$426

Pre-K

5 Days	\$813	\$672
4 Days	\$740	\$553
3 Days	\$555	\$415

*There is no reduction of fees for absences, holidays, vacation, or school closings.

*We offer a 10% discount for the second child-lesser of two tuitions.

*Payments are due on the first of each month as to avoid a late fee.

*Fees collected upon enrollment:

1. Current month tuition
2. \$15 yearly insurance fee
3. \$50 registration fee
4. \$100 security deposit (separate)



RAINBOWS OF LEARNING

ENROLLMENT APPLICATION 2019-2020

I. INFORMATION ON CHILD

NAME OF CHILD _____
LAST FIRST MIDDLE

ADDRESS _____

PHONE _____ AGE _____ DATE OF BIRTH _____

EMAIL _____ Start date _____

Has your child ever been diagnosed/identified as having any cognitive, socio-emotional or physical handicaps? YES NO

If yes, what is the handicap? _____

Please list all previous daycares attended: (Name and Address) _____

What are your expectations for your child entering school? _____

What are your biggest concerns? _____

Holidays your family celebrates _____

What would you like us to know about your child to make their adjustment as easy as possible? _____

What is the primary language spoken in your home? _____

II. HOW DID YOUR LEARN ABOUT OUR PROGRAM?

Advertisement Friend Relative Other

III. FAMILY INFORMATION

Child's Siblings _____
Name(s) Ages(s) School(s)

Mother's Name _____ Occupation _____

Place of Employment _____ Address _____ Work Phone _____

Father's Name _____ Occupation _____

Place of Employment _____ Address _____ Work Phone _____

IF THERE IS A COURT-ORDERED CUSTODY STATEMENT, RAINBOWS OF LEARNING IS REQUIRED, BY LAW, TO HAVE A COPY ON FILE.

IV. MEDICAL INFORMATION Medical records must be returned before the child is able to start. Immunizations must be up-to-date.

Child's Physician _____ Phone _____

Address _____



RAINBOWS OF LEARNING

VI. PROGRAM

Full Day Program _____
Half Day Program _____ (4 hours or less)
Days Attending M__T__W__TH__F__
Hours Attending _____

_____ Infant Room 6 weeks to 12 months (Full Time Only)
_____ Young Toddler 1-2 years
_____ Advanced Toddler 2-3 years
_____ Intermediate 3-4 years (fully potty trained)
_____ Pre-Kindergarten 4-5 (within the year of entering Kindergarten)
_____ Summer Camp

* room assignments will be made based upon the discretion of the Director

VII. STATEMENT OF FEES (Office Use)

Registration Fee—\$50.00 _____ Date _____ Ck # _____ Amt

Deposit—\$100.00 Non-Refundable (Separate Check) _____ Date _____ Ck # _____ Amt

This will be deposited into a non-interest bearing account. This deposit will be returned within 30 days after your child leaves Rainbows of Learning if your account is in good standing.

Insurance Fee—\$15.00 Yearly Fee _____ Date _____ Ck # _____ Amt

Tuition—First month tuition _____ Date _____ Ck # _____ Amt
Regular monthly tuition _____ Amt Beginning _____ Month

VIII. SOCIAL SECURITY NUMBERS

Parent _____ Child _____

PARENT SIGNATURE _____ DATE _____

DRIVERS LICENSE # _____

Once enrolled, a two week written notification must be submitted to the Director before any changes to your original application will be considered.

There is no reduction of fees for absences, holidays, or emergency closings.