



RAINBOWS OF LEARNING

# ENROLLMENT APPLICATION 2022-2023

## 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 YOU 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 \_\_\_\_\_



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VI. PROGRAM

Full Day Program _____	_____ Infant Room 6 weeks to 12 months (Full Time Only)
Half Day Program _____ (4 hours or less)	_____ Young Toddler 1-2 years
Days Attending M__T__W__TH__F__	_____ Advanced Toddler 2-3 years
Hours Attending _____	_____ 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.**