



Registration Form 2020/2021

Date of Application _____

Class: 2's 3-4yrs3 days/5 days

4-5yrs.....3 days/5days Prek

PLEASE READ CAREFULLY

I hereby agree to the terms of this application for the admission of my child to Rainbow Nursery School. Along with this application, I am paying a \$175.00 Registration Fee. (\$100 will be applied to May tuition if child is still enrolled). A Supply fee of \$50.00 will be due on August 1st, along with the first tuition payment. I understand that this is a yearly fee paid on a 10 month schedule beginning August 1. *Once your child's place has been confirmed, the Application Fee is non-refundable.*

Child's Full Name _____ Nick Name _____

Address _____ Zip Code _____

Phone(cell & home) _____

Date of Birth _____ Class(# of days & age) _____

Mother's Name _____

Phone/Email Address _____

Father's Name _____

Phone/Email Address _____

Child lives with _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

RAINBOW NURSERY SCHOOL

List member of immediate family living in home with child:

Sisters/ages _____ **Brothers/ages** _____

General Health _____

Any handicaps (emotional, physical, learning disabilities) _____

Any Information we should know about your child _____

Child has allergies? Yes/no _____

Child's Physician _____ **Phone** _____

Emergency Names & Numbers _____

Authorized Carpool Drivers (other than mom & dad)

West Broadway Baptist Member: Yes/No

I understand the financial terms of this application and I agree to abide by them. Should any information change, I agree to notify the Director immediately.

Signature: _____ **Date** _____