



Registration Form 2022/2023

Date of Application _____

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

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

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. 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 _____ Gender: Male/Female

Address _____ Zip Code _____

Phone(cell) _____ (home) _____

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

Mother's Name(s) _____

Phone/Email Address _____

Employer/Phone # _____

Father's Name(s) _____

Phone/Email Address _____

Employer/Phone# _____

Gaurdian(if different from above) _____

Child lives with _____

List member of immediate family living in home with child:

1/21 LAS

8420 Six Mile Ln
Louisville, KY 40220
502-495-2489
rnspreschool@gmailcom

Sisters/ages _____ Brothers/ages _____

General Health _____

Any handicaps (emotional, physical, learning disabilities) _____

Any Information we should know about your child _____

Child has allergies? (please specify) _____

Child's Physician _____ Phone _____

Emergency Names & Numbers _____

Authorized Carpool Drivers (other than mom & dad)

I understand the financial terms of this application and I agree to abide by them. Should any of the above information change, I agree to notify the Director immediately. I agree to abide by any regulations put in place by Rainbow Nursery School in accordance with health guidelines/regualtions. In the event we suspect your child is sick while at school, you will be asked to come get them immediately. A Dr.'s note may be asked of you to return. Should you withdraw from the program, the tuition will still remain your responsibility, unless the Director is able to fill your child's spot.

Signature: _____ Date _____

Signature: _____ Date _____

1/21 LAS

8420 Six Mile Ln
Louisville, KY 40220
502-495-2489
rnspreschool@gmail.com