



A Family of Child Care Centers  
**REGISTRATION FORM**

**CHILD'S INFORMATION:**

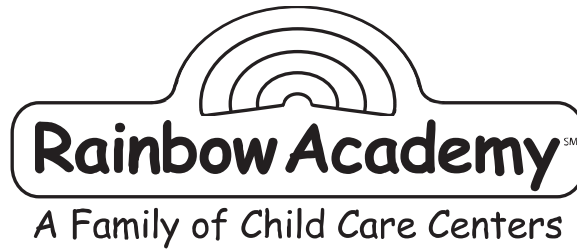
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F  
Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Assigned Classroom: \_\_\_\_\_  
Number of Days per week: 5 days / 4 days / 3 days / 2 days ( M T W Th F ) ParentView: Yes / No  
Lunch Plan: Yes / No: Non- Vegetarian: \_\_\_\_\_ Vegetarian: \_\_\_\_\_  
Pizza Parlor Fridays: (Yes/No) Early or After Hours Care (if applicable): Early / After / Both / None  
Other Programs (as apply per center): \_\_\_\_\_  
Allergies or Other Important Information (be specific please): \_\_\_\_\_  
How did you hear about our center? Personal referral (if so, who?): \_\_\_\_\_  
Other: Building or Drive-by / Internet / Advertisement (if so which one?: \_\_\_\_\_  
I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to be photographed in connection with school publicity. (initial \_\_\_\_)

**PARENT / GUARDIAN 1 INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer : \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT / GUARDIAN 2 INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer : \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**CUSTODIAL INFORMATION:**

If a non-custodial parent is not among those persons authorized to pick up the child, a court order must be provided. Please check the appropriate box below.

Yes, this situation applies, court order is provided: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

**EMERGENCY CARE AUTHORIZATION:**

In the event that a medical emergency occurs, I authorize Rainbow Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS)**

1. \_\_\_\_\_ Phone # : \_\_\_\_\_

2. \_\_\_\_\_ Phone # : \_\_\_\_\_

3. \_\_\_\_\_ Phone # : \_\_\_\_\_

I understand and agree to the policies and requirement outlined in the Rainbow Academy Parents Handbook and the Financial Agreement. Specifically, I understand that full tuition is due regardless of holidays, snow days, short-term illness or vacations. All returned transactions will be assessed a penalty to cover banking fees. In addition, I understand the Expulsion policy and Information to Parents Document made by the Office of Licensing (Included inside the Parent Handbook).

**Parent / Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_