

Rainbow School 2022 – 2023 Enrollment Form and Contract

\$50 Registration Fee is due at time of enrollment.

Children must be 3 years old by September 1, 2022

CHILD'S NAME: _____

Select	Days	Classes	Times	Tuition
MONDAY/WEDNESDAY/FRIDAY PRESCHOOL 3-5 YEAR OLDS				
	M / W / F morning	Preschool	9:00am-12:00pm	\$235 / month
	M / W / F afternoon	Preschool	12:00pm-3:00pm	\$235 / month
MONDAY/WEDNESDAY/FRIDAY ENRICHMENTS 4-5 YEAR OLDS				
	Monday Morning	Pre-K Literacy/Lunch	9:00am-12:00pm	\$85 / month
	Wednesday Morning	Pre-K Math/Lunch	9:00am-12:00pm	\$85 / month
	Friday Morning	Spanish/Science/Lunch	9:00am-12:00pm	\$85 / month
MONDAY/WEDNESDAY/FRIDAY FULL DAY 4-5 YEAR OLDS				
___	1 Full Day: M W F	AM Enrichments/Lunch	9:00am-3:00pm	\$315 / month
___	2 Full Days: M W F	PM Preschool M/W/F		\$400 / month
___	3 Full Days: MWF			\$465 / month
TUESDAY/THURSDAY PRESCHOOL 3-5 YEAR OLDS				
	T / TH morning	Preschool	9:00am-12:00pm	\$165 / month
TUESDAY/THURSDAY ENRICHMENTS 3-5 YEAR OLDS				
	Tuesday Afternoon	Art/Music/Lunch	12:00pm-3:00pm	\$85 / month
	Thursday Afternoon	Fitness/Movement/Lunch	12:00pm-3:00pm	\$85 / month
TUESDAY/THURSDAY FULL DAY 3-5 YEAR OLDS				
___	1 Full Day: T TH	Preschool T/TH	9:00am-3:00pm	\$250 / month
___	2 Full Days: T/TH	Lunch/Enrichment		\$330 / month
5 HALF DAY PRESCHOOL & ENRICHMENTS				
	5 Mornings 4-5 year olds	MWF Enrichments/Lunch T/TH Preschool	9:00am-12:00pm	\$400 / month
	5 Afternoons 3-5 year olds	MWF Preschool T/TH Lunch/Enrichments	12:00pm-3:00pm	\$400 / month

STUDENT INFORMATION 2022-2023

Child's Name	Date of Birth
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Child's NickName	
Best Phone Number	
Street Address/City/State/Zip	
Child Lives with:	Both Guardians Guardian 1 Guardian 2 Other

MEDICAL INFORMATION

ALLERGIES	
Allergies/Epipen Use: Yes / No	Allergies:
If an Epipen is to be used at school, you must have an Anaphylaxis Action Plan on file The Epipen is prescribed by your doctor.	

FAMILY INFORMATION

PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Name:	Name:
Address, if different than child's:	Address, if different than child's:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Email Address:	Email Address:
Church:	Church:
Relationship to child:	Relationship to child:
Marital Status: ___ Married ___ Separated ___ Divorced ___ Other	

CONTACTS

EMERGENCY CONTACTS

Emergency Contact individuals (other than parents) can assume responsibility for your child in a Medical Emergency when parents/guardians are unreachable. These individuals can also pick up/transport your child. Must list TWO.

EMERGENCY CONTACT 1 (REQUIRED)

EMERGENCY CONTACT 2 (REQUIRED)

Name:

Name:

Full Address:

Full Address:

Phone:

Phone:

Relationship to child:

Relationship to child:

NON-EMERGENCY CONTACTS (OPTIONAL)

Additional individuals that have your permission to pick up/transport your child.

Name:

Name:

Phone:

Phone:

Relationship to child:

Relationship to child:

INDIVIDUAL(S) **NOT** AUTHORIZED TO PICK UP YOUR CHILD AT ANY TIME

Name (s): _____

CHILD'S MEDICAL PROVIDER INFORMATION (REQUIRED)

Place/Doctor's Name:

Address:

Phone:

CHILD'S DENTAL PROVIDER INFORMATION (REQUIRED)

Place/ Dentist's Name:

Address:

Phone:

RELEASE OF INFORMATION 2022-2023

Please initial next to each statement if you agree.

	I give Rainbow School staff permission to act in an emergency when I cannot be reached or if there is a delay in my arrival.
	I give my permission for my child to be included in any pictures and/or videos, made under the supervision of school staff during Rainbow School activities, which may be used at school, in teacher portfolios, in the press, in school publications, on television, or on the school website/Facebook page to represent the school/activities.
	I give permission for my child to walk to the Soldier's Field playgrounds and around the Zumbro Lutheran Church grounds under the supervision of Rainbow School staff.
	I give Rainbow School permission to include my family's name and contact information in the Rainbow School Directory.
	<i>Tuition is due on the first of the month.</i> Rainbow School will charge a late fee of \$25 if tuition is not received by the 10th of the month. If tuition is not received by 10 days after the first day of the month, my child will not be allowed to return until the tuition and late fees are paid in full.
	If a check is returned for insufficient funds, I will be responsible for all bank charges incurred, a \$25 fee, and the full amount of tuition that is due. In the future, cash, money order, online payment will be required for all payments.
	Rainbow School reserves the right to cancel class options if minimum enrollment numbers are not met.

Parent's Signature _____ **Date** _____

Once you submit this completed registration form, along with your non-refundable \$50 registration fee, your child will be enrolled provided there is space available.

Please make checks payable to **Rainbow School**

Referred by, if applicable: _____

Rainbow School admits students of any race, color, religion, national or ethnic origin.

EMERGENCY AUTHORIZATION 2022-2023

Must be completely filled out! We keep this portion in our first aid backpack.

Full Name of Child: _____

Child's Date of Birth: _____

Medical Authorization: If a parent/guardian cannot be reached or is delayed in arriving in a medical emergency, I authorize Rainbow School to obtain emergency medical services, including transportation to St. Mary's Emergency Room for my child.

Parent Signature: _____

Medical Information (needed by ER Physician): Drug Allergies / Daily Medication / Dietary Needs

Agreement: I understand that it is my responsibility to keep the information on this form up-to-date. Rainbow School is not liable if this information is inaccurate or outdated.

Parent Signature: _____

Date _____