

Rainbow School 2019 – 2020 Enrollment Form and Contract

Registration Fee \$50 is due at time of enrollment
 Children must be 3 years old by September 1, 2019

CHILD'S NAME: _____

Choice	Days	Classes	Times	Tuition
Monday/Wednesday/Friday Classes				
	M / W / F morning	Preschool 3-5 year olds	9:00am-12:00pm	\$225 per month
	M / W / F afternoon	Preschool 3-5 year olds	12:00pm-3:00pm	\$225 per month
	Monday Enrichment AM or PM	Pre-K Literacy/Lunch 4-5 year olds	9:00am-12:00pm 12:00pm-3:00pm	\$80 per month
	Wednesday Enrichment AM or PM	Pre-K Math/Lunch 4-5 year olds	9:00am-12:00pm 12:00pm-3:00pm	\$80 per month
	Friday Enrichment AM or PM	Spanish/Science/Lunch 4-5 year olds	9:00am-12:00pm 12:00pm-3:00pm	\$80 per month
Tuesday/Thursday Classes				
	T / TH morning	Preschool 3-5 year olds	9:00am-12:00pm	\$160 per month
	Tuesday PM Enrichment	Health/Fitness/Lunch 3-5 year olds	12:00pm-3:00pm	\$80 per month
	Thursday PM Enrichment	Art/Music/Lunch 3-5 year olds	12:00pm-3:00pm	\$80 per month
Monday-Friday Class Options				
	5 Mornings 4-5 year olds	Preschool T/TH M/W/F Enrichments and lunches	9:00am-12:00pm	\$385 per month
	5 Afternoons 3-5 year olds	Preschool MWF T/TH Enrichments and lunches	12:00pm-3:00pm	\$385 per month
Full Day Class Options				
	M/W/F 4-5 year olds	Preschool M/W/F 1-3 Enrichments 1-3 Lunches	9:00am-3:00pm	\$305-1 enrichment \$385-2 enrichments \$450-3 enrichments per month
	T/TH 3-5 year olds	Preschool T/TH 1-2 Enrichments 1-2 Lunches	9:00am-3:00pm	\$240-1 enrichment \$320-2 enrichments per month

Rainbow School reserves the right to cancel classes if enrollment numbers are not met

STUDENT INFORMATION 2019-2020

Child's Name	Date of Birth
--------------	---------------

Child's Nick Name:	
Best Phone Number:	
Street Address/City/State/Zip	
Child Lives with: (circle one)	Both Guardians Guardian 1 Guardian 2 Other

MEDICAL INFORMATION

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

CHILD'S MEDICAL PROVIDER INFORMATION (required)
Name:
Address:
Phone:

CHILD'S DENTAL PROVIDER INFORMATION (required)
Name:
Address:
Phone:

FAMILY INFORMATION

PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
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	

EMERGENCY CONTACTS

Two local people who will assume responsibility for your child in a Medical Emergency other than parents/guardians

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	
Name:	Name:
Phone:	Phone:
Relationship to child:	Relationship to child:
PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD AT ANY TIME	
Name (s): _____	

RELEASE OF INFORMATION 2019-2020

Please initial next to each statement if you agree.

	I give to 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 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 10 days after the first day of the month. If tuition is not received beyond 10 days after the first of the month, my child will not be accepted 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 or money order will be required for all payments.

Parent's Signature _____ **Date** _____

When you submit this registration form along with your non-fundable \$50 registration fee, your child will be enrolled.

Please make checks payable to Rainbow School

Referred By: _____

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

RAINBOW SCHOOL 624 3rd Ave SW ROCHESTER, MN 55902 (507)261-0586 rainbowdirector@hotmail.com
www.rainbowschoolmn.org

EMERGENCY AUTHORIZATION 2019-2020

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

Full Name of Child: _____

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 _____