

# Rainbow School 2024 – 2025 Enrollment Form and Contract

\$75 Registration Fee is due at time of enrollment  
 Children must be 3 years old by September 1, 2024

## CHILD INFORMATION

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

## CLASS OFFERINGS

Select	Days	Classes	Times	Tuition
<b>HALF DAY PRESCHOOL 3-5 YEAR OLDS</b>				
	M / W / F morning	Preschool	9:00am-12:00pm	\$270 / month
	M / W / F afternoon	Preschool	12:00pm-3:00pm	\$270 / month
	T / TH morning	Preschool	9:00am-12:00pm	\$180 / month
<b>FULL DAY PRESCHOOL &amp; ENRICHMENTS 4-5 YEAR OLDS</b>				
	MWF Full Day AM Enrichments Lunch PM Preschool	Mon Pre-K Literacy Wed Pre-K Math Fri Spanish/Science	9:00am-3:00pm	\$540 / month
<b>5 MORNINGS PRESCHOOL &amp; ENRICHMENTS 4-5 YEAR OLDS</b>				
	5 Mornings	MWF morning Enrichments/Lunch T/TH Preschool	9:00am-12:00pm	\$450 / month

## CHILD MEDICAL INFORMATION

Child's Name	Date of Birth
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<b>ALLERGIES</b>
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Allergies/Epipen Use:  Yes / No	Allergies:  ***If an Epipen is to be used at school, you must have an Anaphylaxis Action Plan on file***
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<b>CHILD'S MEDICAL PROVIDER INFORMATION (REQUIRED)</b>
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Place/Doctor's Name:	Phone:
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Address:
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<b>CHILD'S DENTAL PROVIDER INFORMATION (REQUIRED)</b>
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Place/ Dentist's Name:	Phone:
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Address:
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## FAMILY INFORMATION

<b>PARENT / GUARDIAN 1</b>	<b>PARENT / GUARDIAN 2</b>
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Name:	Name:
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Address:	Address:
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Cell Phone:	Cell Phone:
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Work Phone:	Work Phone:
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Employer:	Employer:
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Email Address:	Email Address:
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Church:	Church:
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Marital Status:    ___Married       ___Separated       ___Divorced       ___Other
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## CONTACTS

<b>EMERGENCY CONTACTS</b>	
<p><b>*Emergency Contact individuals can assume responsibility for your child in a Medical Emergency <u>when parents/guardians</u> are unreachable. These individuals can also pick up/transport your child. <u>Must list TWO.*</u></b></p>	
EMERGENCY CONTACT 1 (REQUIRED)	EMERGENCY CONTACT 2 (REQUIRED)
Name:	Name:
Full Address:	Full Address:
Phone:	Phone:
Relationship to child:	Relationship to child:
<b>NON-EMERGENCY CONTACTS (OPTIONAL)</b>	
Additional individuals that have your permission to pick up/transport your child.	
Name:	Name:
Phone:	Phone:
Relationship to child:	Relationship to child:
INDIVIDUAL(S) <b><u>NOT</u></b> AUTHORIZED TO PICK UP YOUR CHILD AT ANY TIME	
Name (s): _____	

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](http://www.rainbowschoolmn.org)

**RELEASE OF INFORMATION 2024-2025**

**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, for child assessments/documentation, 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.
	<b>Tuition is due on the first of the month.</b> Rainbow School will charge a late fee of <b>\$25</b> 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 <b>\$25</b> fee, and the full amount of tuition that is due. In the future, cash, money order, online payment will be required for all payments.
	<b>Rainbow School reserves the right to cancel class options if minimum enrollment numbers are not met.</b>

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Once you submit this completed registration form, along with your non-refundable \$75 registration fee, your child will be enrolled provided there is space available.

**EMERGENCY AUTHORIZATION 2024-2025**

**Must be completely filled out!**

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 \_\_\_\_\_