

Date _____

Birth Certificate (office use only) Number: _____ Place of Birth: _____ Verified By : _____

2022-2023 REGISTRATION
RAINBOW PRESCHOOL
PO BOX 56, NOKESVILLE, VA 20182

Child's Name _____
 (First) (Middle) (Last) (Nickname)

Date of Birth _____ Sex _____ Age _____ Home Telephone _____

Address _____ Cell _____
 (Street/P O Box) (City) (Zip) Email _____

Mother's Name _____ Occupation _____ Office Tel _____

Mother's Address _____

Father's Name _____ Occupation _____ Office Tel _____

Father's Address _____

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Other (Please specify) _____

Baby sitters Name (if both parents are employed outside the home) _____
 Phone _____

Other Children in family (names & ages) _____

Has your child attended any other preschool? _____
 Name _____

List two people (other than parents) within a 30 minute drive who can be contacted in an emergency.

Name _____ Telephone _____

Name _____ Telephone _____

Please mark 1st and 2nd choice of days and times:		
____ 2 days. Tuesday & Thursday	A.M. (8:45-11:45)	\$155/Month
____ 3 days. Monday, Wednesday, Friday	A.M. (8:45-11:45)	\$200/Month
____ 5 days. Monday through Friday	A.M. (8:45-11:45)	\$310/Month
____ 3 days. Monday, Wednesday, Friday	P.M. (12:30-3:30)	\$200/Month**

Name(s) and phone numbers of person(s) who will be chauffeuring your child _____

I authorize the school directors to obtain immediate medical care for my child if an emergency occurs when neither parent can be reached promptly.

Physician's Name/Phone _____ Parent Signature _____

The registration fee is \$80/child or \$120/family for the school year and payable when this application is returned.

****Please be sure to complete and sign both sides of this form.****

The following items are part of the parent's agreement with Rainbow Preschool. Please read carefully and sign at the bottom.

*I agree to contact the preschool immediately if my child has been registered, but will not be able to attend Rainbow Preschool.

*I agree to provide the following records to the preschool prior to my child's first day of attendance:

- Birth Certificate or Adoption Papers
- State Medical Form completed by my child's physician
- Immunization Records

*I understand that the total tuition is based on a yearly tuition and not the number of school days per month and that, for my convenience, tuition is divided into nine equal monthly installments.

*I will pay my first monthly installment by Monday, August 1, 2022, and will make all other payments on or before the first day my child attends school in the months of September through April. (Each monthly tuition is paid a month in advance.)

*I agree to give 30 days written notice of intent to withdraw my child from Rainbow Preschool to avoid payment of the next month's tuition.

*If I am late picking up my child, I agree to pay a late fee of \$20.00 for the first 15 minutes that I am late and \$1.00 for each additional minute thereafter. This will be paid to the teacher at the time of pickup.

*I agree to abide by the rules and guidelines provided in the school brochure.

* I understand that photos including Rainbow Preschool students will occasionally be posted on Facebook and that the school or a local newspaper may take photos during special events and activities during the school year. I give my permission for my child's photo to be published at school, on Facebook, in a local newspaper, or on the school website. Names will not be listed; this is just to show typical classroom activities or school events. You may inform your child's teacher if you prefer that your child not be photographed.

Parent Signature Date

Date

Parents:

Please provide any additional information about your family or child (including food allergies), which may be helpful to his/her teacher: