



2017-2018 RAINBOW CORNER TODDLER DEVELOPMENTAL PLAYGROUP

Accepting registration for children 24 to 42 months

- Monday Session 8:30am-10:30am or Friday Session 8:30am-10:30am
(\$40.00 per session)
- Monday and Friday Sessions 8:30am — 10:30am
(\$75.00 both sessions)

The developmental playgroups are staffed by a licensed early childhood educator and teacher's aide.

The playgroup encourages the development of:

Social & Sensory Skills & Language

Children learn through playing. Social skills are promoted through structured play, and by reinforcing self help skills and manners. Playgroup focuses on the five senses to introduce toddlers to methods of exploring the world around them and expanding their view of how things work. Playgroup participants have the opportunity to acquire new and practice existing language skills. The playgroup staff encourages social interaction, and works to enhance language development and further creativity in a language rich environment.

| | |
|-----------------|-------------------|
| Child's Name | Date of Birth |
| Address | |
| Primary Phone # | Secondary Phone # |

| | | |
|--|--|----------------|
| Mother's Name/Legal Guardian | | |
| Address | | |
| Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Secondary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | e-mail address |

| | | |
|--|--|----------------|
| Father's Name/Legal Guardian | | |
| Address | | |
| Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Secondary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | e-mail address |

| | | |
|---|--|---|
| Other Documentation Needed: | | |
| <input type="checkbox"/> Contact/Medical Information | <input type="checkbox"/> Consent Form | <input type="checkbox"/> Current Immunization Record |

Signature of Parent/Legal Guardian _____

Date _____

\$10.00 NON-REFUNDABLE REGISTRATION FEE DUE WITH REGISTRATION FORM.

Check #/Cash _____ Date Paid _____ Received by _____



Make checks payable to CARE for Children.

