

## **Rainbow Corner Early Learning Program Application**

Program: (preschool or playgroup)								
Child's Name			Date of Birth					
Nickname								
Address								
Family E-Mail Address (for program news!)								
Emergency Contact Information (parent or guardian)								
Mother/Legal Guardian								
Pri	Primary phone # in case of emergency			Secondary phone #				
Em	Email Address							
Place of Employment								
Wc	ork Number		Hours					
Father/Legal Guardian								
Pri	mary phone # in case of	emergency	Secondary phone #					
E-n	nail Address							
Pla	ce of Employment							
Work Number			Hours					
Emergency Contacts (If parents/ guardians cannot be reached)								
				e number during school hours				
1.								
2.								
3.	3.							
People to whom the child may be released from school (School notification is still required)								
	Name	Address		Phone number during school hours				
1.		<u> </u>		1				
2.								
3.								



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Child's Name:							
Rainbow Corn	er Preschool	or	Playgroup				
	Will your child have participated in another early childhood program prior to attending Rainbow Corner Preschool or						
Playgroup: (Daycare, Preschool	Playgroup? (Daycare, Preschool, EI, Parents as Teachers, etc.) If yes, which one(s)						
Developmental concerns (if an	Developmental concerns (if any)						
			1				
Does your child have an IEP or IFSP? (Individualized Education Plan							
Individualized Family Service Plan)			playgroup?				
Allergies (including medication	reactions)						
Medical or Dietary information	า						
·							
Physician		F	Phone				
Medications or Special Conditions (please put additional information on back of form)							
medications of special conditions (picase par additional information on back of form)							
Health Insurance	Group #	<u> </u>	Policy #				
Parent's initials are required for each item below to indicate parental consent							
Transition conferences							
Transfer of child records to new school or child care facility are available with written request by parent(s)							
Obtaining emergency medical care							
Administration of minor first-aid procedures							
Walks							
Playground Activities							
Application of Sunscreen							



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Child's Name:			
	Rainbow Corner Preschool	or	Playgroup
CONSENT & R	ELEASE AGREEMENT:		
understand th using playgrou always potent to forever rele employees an	nat the program will include my und equipment, arts and crafts, rial for injury to my child. I sign ease and discharge CARE for Chi	child partion games, wa this conser Ildren and t es of action	Children's early learning program. In providing my consent, I cipating in various activities including gross motor activities, alks, and other physical activities. I understand that there is not and release with such knowledge and information and agree the Rainbow Corner Preschool, their assigns, servants, agents, n, claims and demands, damage directly or indirectly sustained in this program.
Parent/Guard	ian Signature		Date