



Rainbow Corner Early Learning Program Application

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Preschool	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	
Primary phone # in case of emergency	Secondary phone #
Email Address	
Place of Employment	
Work Number	Hours
Father/Legal Guardian	
Primary phone # in case of emergency	Secondary phone #
E-mail Address	
Place of Employment	
Work Number	Hours

Emergency Contacts (If parents/ guardians cannot be reached)		
	Name	Phone number during school hours
1.		
2.		
3.		

People to whom the child may be released from school <i>(School notification is still required)</i>			
	Name	Address	Phone number during school hours
1.			
2.			
3.			



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Delays, Disabilities or concerns (if any)

Does your child have an IEP or IFSP? (Individualized Education Plan / Individualized Family Service Plan)

Will your child receive therapy at school or playgroup?

Allergies (including medication reactions)

Medical or Dietary information necessary in an emergency situation

Physician

Phone

Medications or Special Conditions

Additional information on special needs of child

Health Insurance

Group #

Policy #

Parent's initials are required for each item below to indicate parental consent

Transition conferences and 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

Permission to photograph child for center publications and public relations

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date