



2018-2019 Rainbow Corner Preschool Registration Form

Part of CARE for Children's Early Learning Program

- 3 Day a Week Program: Tuesday * Wednesday * Thursday ~ 8:00a.m. – 11:00a.m.
(Full Tuition \$160.00 per month- sliding fee scale is available for qualified families)
- 5 Day a Week Program: Monday * Tuesday * Wednesday * Thursday * Friday ~ 8:00a.m. – 11:00a.m.
(Full Tuition \$250.00 per month- sliding fee scale is available for qualified families)
- My family is interested in the Extended Care Program (as needed) – Offered daily from 11:10 a.m. – 12:15 p.m.
(\$2.50 per day)

\$25.00 NON-REFUNDABLE REGISTRATION FEE DUE WITH REGISTRATION FORM.

Check #/Cash _____ Date Paid _____ Received by _____

Child's Name	Date of Birth	Please circle: Male or Female
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

What do you expect from a preschool program for your child?

How did you hear about our program?

Signature of Parent/Legal Guardian _____ Date _____

Other Documentation Needed:

Financial Aid Form
 Supporting Documents for Financial Aid
 Contact/Medical Information
 Consent Form
 Current Immunization Record