



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)

Allergies (including medication reactions)
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Medical or Dietary information necessary in an emergency situation
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Physician	Phone
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Medications or Special Conditions

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Additional information on special needs of child
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Health Insurance	Group #	Policy #
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Parent's initials are required for each item below to indicate parental consent
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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
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Walks	Playground activities	Application of sunscreen
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Permission to photograph child for center publications and public relations

Signature of Parent or Guardian	Date
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Signature of Parent or Guardian	Date
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