



2022-2023 Rainbow Corner Preschool Registration Form

Part of CARE for Children's Early Learning Program

5 Day a Week Program: **Monday * Tuesday * Wednesday * Thursday * Friday ~ 8:00a.m. – 11:00a.m.** The curriculum focuses on Kindergarten readiness and STEM and is suitable for students who have previously attended preschool or students who will enter Kindergarten the following school year. **This is typically a mixed age class of 4 and 5-year-old students.** (Full Tuition \$300.00 per month- Scholarships available for families who qualify.)

3 Day a Week Program: **Tuesday * Wednesday * Thursday ~ 8:00a.m. – 11:00a.m.** The curriculum focuses more heavily on classroom routines, social-emotional development, and school-readiness skills, including pre-math, literacy and STEM. This class is suitable for students who are new to preschool or for families who need the flexibility of a 3 day a week schedule. **This is typically a mixed age class of 3, 4 and 5-year-old students.** (Full Tuition \$180.00 per month- Scholarships available for families who qualify.)

2 Day a Week Program: **Monday * Friday ~ 8:00a.m. – 11:00a.m.** The curriculum focuses on transitioning students to preschool and school routines, developing social-emotional skills, language, literacy, STEM activities and pre-math. Class size is smaller and a good fit for students new to preschool or for families who need the flexibility of a two-day program. **This is typically a mixed age class of 3, 4 and 5-year-old students.** (Full Tuition \$125.00 per month- Scholarships available for families who qualify.)

\$25.00 NON-REFUNDABLE REGISTRATION FEE DUE WITH REGISTRATION FORM. Make checks payable to CARE for Children.

For Office Use Only Check #/Cash _____ Date Paid _____ Received by _____
**Students are not enrolled until registration fee is received*

Child's Name	Date of Birth	Gender
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

