



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