



RAINBOW MONTESSORI SCHOOL

CELEBRATING 39 YEARS

Since 1980

APPLICATION FORM

(new students)

TODAY'S DATE: _____

TOUR DATE: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

AGE: _____

(As of Aug 1st)

GENDER: MALE OR FEMALE

POTTY TRAINED: YES OR NO

NAPPING: YES OR NO

ALLERGIES: YES OR NO (If yes see below)

(A medical release must be on file)

HOME ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE/ NUMBER TO CONTACT: () _____ **L OR UL**

___MARRIED ___SEPARATED ___DIVORCED ___GUARDIAN Custody papers on file if needed: ___

MOTHER'S NAME: _____

FATHER'S NAME: _____

CELL: () _____

CELL: () _____

E-mail: _____

E-mail: _____

OCCUPATION: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE:() _____

BUSINESS PHONE: () _____

CHILD'S DOCTOR: _____

PHONE: _____

CHILD'S HOSPITAL: _____

PHONE: _____

(over)

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LIST ANY KNOWN BIRTH INJURIES, PHYSICAL HANDICAPS, **ALLERGIES**, FAMILY PROBLEMS OR SITUATIONS YOU FEEL THE SCHOOL SHOULD KNOW ABOUT:

WHO RECOMMENDED YOU TO RAINBOW? (Referral Program Discounts may apply)

PREVIOUS SCHOOLS ATTENDED: (Include address and phone)

May we request child's transcripts? Yes or No

SCHOOL YEAR TO START: _____ T-SHIRT Size : _____ XS _____ S _____ M _____ L
(2-4) (6-8) (10-12) (14-16)

PLEASE CIRCLE YOUR CHOICE OF CLASS PLACEMENT: (*waiting list may apply*)

SCHOOL YEAR: Circle: **12** months (August-July) **11** months (August- June) **10** months (August-May)

Mid-year Entry Date: _____

TODDLER

PRE-PRIMARY

PRIMARY/KINDERGARTEN

ALL DAY DESIRED: 2 DAY 3 DAY 5 DAY

AM DAYS DESIRED: 2 DAY 3 DAY 5 DAY

PM DAYS DESIRED: 2 DAY 3 DAY 5 DAY

Extended Care: (Circle)

BEFORE SCHOOL CARE: M T W TH F
7:30 – 8:30 am

AFTER SCHOOL CARE: M T W TH F
2:45 – 5:30 pm

COMMENTS: _____

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OFFICE USE: 2019-20

DATE RECEIVED: _____ TOUR/MAIL CAMPUS TOURED: _____ Referred by: _____

WHO TOURED: _____ DATE: _____ Comments: _____ Start Date: _____

WAITLIST FEE: _____ DATE: _____ CK # _____ APP FEE PAID: _____ DATE: _____ ECK: _____ CK # _____

SIBLING: CURRENT CLASS: _____ PAST: _____