



RAINBOW MONTESSORI SCHOOL

CELEBRATING 39 YEARS

Since 1980

APPLICATION FORM

(new students)

TODAYS 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: _____

MOTHERS NAME: _____

FATHERS 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: _____

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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: _____

TODDLER
(18 mos – 2 years)

PRE-PRIMARY
(2 - 3 years)

PRIMARY/KINDERGARTEN
(3 years – 5 years)

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:** _____

WAIT LIST FEE: _____ **DATE:** _____ **CK #** _____ **APP FEE PAID:** _____ **DATE:** _____ **ECK:** _____ **CK #** _____

SIBLING: CURRENT CLASS: _____ PAST: _____