



CELEBRATING 34 YEARS - 1980-2014

RAINBOW MONTESSORI SCHOOL

Since 1980

PRE-ADMISSION FORM

TODAYS DATE: _____

TOUR DATE: _____

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

AGE: _____

(As of Sept 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 () _____ 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:** _____

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

_____ (OVER)



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WHO RECOMMENDED YOU TO RAINBOW?

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** (Sept-Sept) **10 months** (Sept- June) **Summer** (July - August)

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
3:00 – 5:30 PM

COMMENTS: _____

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OFFICE USE:

DATE RECEIVED: _____ TOUR/MAIL CAMPUS TOURED: _____

WHO TOURED: _____ DATE: _____ Comments: _____

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

SIBLING: CURRENT CLASS: _____ PAST: _____

COMMENTS: