



# CELEBRATING 38 YEARS - 1980-2018

## RAINBOW MONTESSORI SCHOOL

Since 1980

### APPLICATION FORM

(new students)

TODAYS DATE: \_\_\_\_\_

TOUR DATE: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

(As of Sept 1<sup>st</sup>)

**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:** \_\_\_\_\_

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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?

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

**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: \_\_\_\_\_