



RAINBOW MONTESSORI SCHOOL

Since 1980

APPLICATION FORM

(new students)

TODAYS DATE: _____

TOUR DATE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

AGE: _____
(As of August 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: _____

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

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: _____

=====

OFFICE USE:

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:** _____ 2026