

PRE-ENROLLMENT APPLICATION

Child's Name: _____ Date of Birth: ____/____/____

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PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Phone Number: _____ Phone Number: _____

DAYS AND HOURS DESIRED:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

What date would you like enrollment to begin? _____

When your completed pre-enrollment application and a registration fee of \$75 for each child are received, you will be placed on a waiting list. You will be contacted regarding the availability of space and the enrollment process.

How did you hear about RAINBOW Early Learning Center? _____

(Parent/Guardian's Signature)

(Date)

Office Use Only

Date Received: ____/____/____