

APPLICATION FOR CHILD CARE SERVICES
FOR RAINBOW EXPRESS PRESCHOOL

Name of child _____

Child's Birthdate _____

Complete Address including zip code, apt. #, etc.

Mother or Legal Guardian's name

Father or Legal Guardian's name

Mother's complete home address

Home Phone # _____

Cell Phone # _____

Mother's complete business name & address including zip code

Business Phone # _____

Father's complete home address including zip code

Home Phone # _____

Cell Phone # _____

Father's complete business name & address including zip code

Business Phone # _____

AM Contracted arrival time for child

PM Contracted departure time for child

Name & complete address of person to contact in an emergency if parents are not available.
(Must be within 30 minutes of Preschool)

Phone # _____

Name & complete address of child's physician or source of medical care.

Phone # _____

Special disabilities, if any

Special medical/dietary information necessary for management in an emergency? List allergies, medications, special conditions.

List any additional information or special care needs of the child.

Name of health insurance coverage for child under family insurance policy or medical assistance benefits. Policy #

Preferable date of enrollment of child

Please attach a non-fundable \$50.00 Application Fee to this form. Thank you

I give my permission for the staff of Rainbow Express Preschool and for the monitoring staff from the Department of Public Welfare, and Department of Education, to have access to my child's file. I understand that I may have access to my child's records at any time, and I may request addition or deletion of information if I feel either is appropriate and necessary.

Mother or Legal Guardian's signature Date

and/or

Father or Legal Guardian's signature Date

E-mail Address _____

Name of family that referred you to Rainbow Express Preschool or How you heard about Rainbow Express Preschool