

FOR OFFICE USE ONLY

Application Received _____
Application Update _____
Registration Pd _____
Wait List Paid _____
Wait List Priority _____
Interview Date _____
Date of Enrollment _____
Withdrawal _____



- Get Well Place
- Nursery School
- Preschool
- Village
- Private Kindergarten

Wait List ___ Class _____
Desired Date Enrollment _____
Subsidy _____
Desired Location _____

Registration Form

Referred by _____

Child's Name: _____ **Date of Birth:** _____

Address: _____ **Age:** _____ **Sex:** _____

Home Phone: _____

City State Zip

Parent/Guardian: _____ **Parent/Guardian:** _____
SS# _____ SS# _____

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____

Business Phone: _____ **Fax:** _____ **Business Phone:** _____ **Fax:** _____

Mobile/Pager: _____ **Mobile/Pager:** _____

Employer: _____ **Employer:** _____

Address: _____ **Address:** _____

Email: _____ **Email:** _____

Physician: _____ **Phone:** _____

Address: _____

Please feel free to use additional paper for the following information.

Name of person(s) with legal custody: _____

Please list **2 local** persons **other than the parents**, that do not have the same address, to notify in case of emergency:

1. _____
Name Phone Relationship to child
Full Street Address (no PO Box numbers please) City State Zip

2. _____
Name Phone Relationship to child
Full Street Address (no PO Box numbers please) City State Zip

Please list **2 local** persons **other than the parents**, that do not have the same address, authorized to pick up your child:
(Children may not leave Rainbow Station without written permission from the parent/guardian.)

1. _____
Name Phone Relationship to child
Full Street Address (no PO Box numbers please) City State Zip

2. _____
Name Phone Relationship to child
Full Street Address (no PO Box numbers please) City State Zip

Persons **NOT** authorized to pick up your child: _____

ENROLLMENT DATA (complete as appropriate)

- Get Well Place
- Nursery School
- Preschool
- Village
- Private Kindergarten

Full Time Part Time
 Monday Tuesday Wednesday Thursday Friday
Expected Daily Arrival: _____ Departure: _____
Elementary School: _____
Teacher's Name: _____
Grade: _____
Transportation Needed: To School From School

Please complete back of form as well.

AUTHORIZATIONS

RELEASE OF MEDICAL INFORMATION

I authorize Rainbow Station to obtain from my physician information concerning my child.

Signature of Parent/Guardian _____ Date _____

I authorize the following individuals to have access to my child's health information *in case of emergency only*:

_____ Name / Relationship to Child	_____ Name / Relationship to Child
Signature of Parent/Guardian _____	Date _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I authorize Rainbow Station to obtain all necessary care for my child.

Signature of Parent/Guardian _____ Date _____

Name of Insurance Provider: _____ Name of Policy Holder: _____ Group Number: _____

FIELD TRIPS/TRANSPORTATION/COMMUNITY WALKS

I authorize my child to participate in school-sponsored field trips and be transported for such activities.

Signature of Parent/Guardian _____ Date _____

I authorize my child to be transported to/from school.

Signature of Parent/Guardian _____ Date _____

I authorize my child to be transported to the Get Well Place for care.

Signature of Parent/Guardian _____ Date _____

PHOTOS

I authorize Rainbow Station to take photographs of my child for class projects, school display area, publicity, etc.

Signature of Parent/Guardian _____ Date _____

I authorize Rainbow Station to post the picture, name and allergy of my child with allergies strategically throughout campus, including but not limited to the Classrooms (Preschool or Village), Dining Car, Kitchen and the Get Well Place.

Signature of Parent/Guardian _____ Date _____

STUDENT THERAPEUTIC EXPERIENCES

I understand that Rainbow Station serves as a training site for local colleges and universities. I authorize that my child may be involved in selected, supervised student teaching experiences.

Signature of Parent/Guardian _____ Date _____

WATER EXPERIENCES

I authorize my child to participate in supervised water activities while in the care of Rainbow Station.

My child swimming ability is as follows:

- cannot swim beginner moderate advanced

Please indicate specifics about your child's swimming ability:

Signature of Parent/Guardian _____ Date _____

ILLNESS

Rainbow Station Children:

In the event of an emergency or illness, I will make arrangements for my child to be picked up from Rainbow Station within one hour after I am notified. After one hour, my child may be admitted to the Get Well Place where an additional fee will be charged. I furthermore agree to notify Rainbow Station in the event that my child or any of my family members has been exposed to a communicable (contagious) disease.

Signature of Parent/Guardian _____ Date _____

Get Well Place Children:

In the event that my child's condition exceeds criteria for care in the Get Well Place, I agree to make arrangements to have him/her picked up within one hour. I furthermore agree to notify Rainbow Station in the event that my child or any of my family members has been exposed to a communicable (contagious) disease.

Signature of Parent/Guardian _____ Date _____