

FOR OFFICE USE ONLY

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



Rainbow Station Registration Form

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

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

Referred by _____

Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: _____

City State Zip **Home Phone:** _____

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 _____

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 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 has been exposed to a communicable (contagious) disease.

Signature of Parent/Guardian _____ Date _____