

CELEBRATING 37 YEARS - 1980-2017 <u>RAINBOW MONTESSORI SCHOOL</u>

Since 1980

APPLICATION FORM

(new students)

TODAYS DATE:	TOUR DATE:			
CHILD'S NAME:	DATE OF BIRTH:			
	AGE: (As of Sept 1 st)			
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 ()	L OR UL			
MARRIEDSEPARATEDDIVORCEDGUARDIAN	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:			
CHII D'S HOSPITAL ·	PHONE:			

Page 2 (APPLICATION F LIST ANY KNOWN BIRTH		ES, PHYSI	CAL HANI	DICAPS, <i>ALLE</i>	RGIES , F	FAMILY PROBLEMS
OR SITUATIONS YOU FE	EL THE	SCHOOL S	SHOULD F	KNOW ABOUT:		
WHO RECOMMENDED Y	OU TO F	RAINBOW?)			
PREVIOUS SCHOOLS AT	TTENDE	D: (Include	address a	and phone)		
May we request child's tra	nscripts?	Yes or No)			
SCHOOL YEAR TO STAF	<u>RT</u> :		T-SHIRT S			ML (10-12) (14-16)
DI EASE CIDOLE VOLID	CUOICE	OE CLASS	C DI ACEN	, ,	, ,	, , , , ,
PLEASE CIRCLE YOUR					_	
SCHOOL YEAR: Circle:	12 month	ns (Sept-Se	ept) 10 m	onths (Sept- J	une) Sur	nmer (July - August)
TODDLER (18 mos – 2 years)		PRE-PRIMA 2 - 3 years		PRIMARY/KII (3 years –		
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 V	V TH F	<u>AF</u>	TER SCHOOL	CARE:	M T W TH F
	7:30 – 8	:30 AM				3:00 – 5:30 PM
COMMENTS:						
OFFICE USE:						
DATE RECEIVED:WHO TOURED:						
WAIT LIST FEE:DATE:_						
SIBLING: CURRENT CLASS:						