

RAINBOW NURSERY SCHOOL

Registration Form

Child's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone : _____

_____ Email Address: _____

Mother's Name: _____ Business Phone: _____

Employer: _____ Cell Phone: _____

Occupation: _____

Father's Name: _____ Business Phone: _____

Employer: _____ Cell Phone: _____

Occupation: _____

Names and ages of siblings: _____

Emergency Contacts: Names and Telephone Numbers

1. _____

2. _____

Pediatrician: _____ Phone Number: _____

Allergies and/or special instructions: _____

Rainbow Nursery and _____ (parent) agree that the Rainbow Nursery will, at all times, use their best efforts in the case of your child _____, but WILL NOT BE HELD RESPONSIBLE in the event of any accidental injury to your child.

Parent

Director

Please check session chosen: Mon/Wed/Fri AM _____

Mon/ Tue/ Thurs/ Fri _____

Tue/Thurs/ A.M _____

Mon/ Tue/ Wed/ Thurs/ Fri _____

Please Note: Registration Fee Must Be Enclosed with this form.