

For Office Use Only: *Parents do not write in this section* # _____
Student Registered: yr class _____ days/wk _____ W.L. _____

9:30-12:30 _____ 9:30-2:00 _____ 9:15-12:30 _____ 9:15-2:00 _____
VPK 9:15-12:30 _____ VPK and Wrap Around Class 9:15 -2:00 _____

Directors Init: _____ Amt. Pd: _____ cash _____ ck# _____ rec # _____ Staff Initial _____

THE RAINBOW GARDEN REGISTRATION FORM 2018-2019

Child's Name: First _____ Middle _____ Last _____

Birth Date: _____ Age of Child on September 1, 2018 _____ years

Male _____ Female _____ Home Phone (_____) _____

List Allergies/Medical Info: _____

Discussed Allergies/Medical Info with a Director prior to Registration. Yes _____

Is student completely Toilet Trained *Must be for 3yr & 4 yr classes* Yes _____ No _____

Who has Legal Custody: _____ Relationship: _____

Address _____ City _____ Zip _____

Mother's Name _____ Home Ph (_____) _____

Cell Ph (_____) _____ Wk Ph (_____) _____

Address _____ City _____ Zip _____

Father's Name _____ Home Ph (_____) _____

Cell Ph (_____) _____ Wk Ph (_____) _____

Address _____ City _____ Zip _____

Contact Person other than Parent _____

Phone (_____) _____ Cell Ph (_____) _____

RECEIVED AT TIME OF REGISTRATION:

February 12 and 13, 2018 (2 DAYS ONLY) In House Families Priority Days Registration Fees

Registration /Class Fee - Currently Enrolled Student: \$200.00 Per Child

Registration/Class Fee - New Enrolling Student: \$250.00 Per Child

* EFFECTIVE AS OF FEBRUARY 15, 2018 for 2018-2019 SCHOOL YEAR ENROLLMENTS

Registration/Class Fee for 2018-2019 - Currently Enrolled Student: \$250.00 Per Child

Registration/Class Fee for 2018-2019 - New Enrolling Student: \$300.00 Per Child

VPK Students Voluntary Donation of \$250.00

(Students enrolling in VPK only do not pay registration/class fees or tuition, but are asked to make a voluntary donation of \$250.00 at registration to cover activities that are not covered by the amount that we receive from the State of Florida.)

I have read and understand the information provided in the Registration Packet. All decision makers have been consulted. In signing the Registration Form, my intention is to register and enroll my child in The Rainbow Garden Preschool for the 2018-2019 school year.

- I understand that the Registration Processing/Class Fee is non-refundable and non-transferable
- Parent or Legal Guardian must sign and date below.

Parent or Legal Guardian Signature

Date

Director Signature

Date