

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 \_\_\_\_\_

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## THE RAINBOW GARDEN REGISTRATION FORM 2017-2018

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age of Child on September 1, 2017 \_\_\_\_\_ 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 7 and 8, 2017 (2 DAYS ONLY) In House Families Priority Days Registration Fees**

Registration /Class Fee - Currently Enrolled Student: \$150.00 Per Child

Registration/Class Fee - New Enrolling Student: \$200.00 Per Child

**\* EFFECTIVE AS OF FEBRUARY 9, 2017 for 2017-2018 SCHOOL YEAR ENROLLMENTS**

Registration/Class Fee for 2017-2018 - Currently Enrolled Student: \$200.00 Per Child

Registration/Class Fee for 2017-2018 - New Enrolling Student: \$250.00 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 2017-2018 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