

Rainbow's World Family ChildCare "Learning and Playing through diversity"

APPLICATION FOR ADMISSION

CHILD INFORMATION

First Name:	Last N	Tame:	
Date of birth:			
Home Address:		City	Zip:
Home Phone:			
LINGUISTIC INFORMAT	ION		
Native tongue of the mother:	Na:	tive tongue of	the father:
Language spoken to the ch	nild by the mo	ther:	by the
Language spoken to the charter: by a	third person in	the household	d:
Language(s) spoken by the cl	hild:		
FAMILY INFORMATION			
Father's Name:			
Home Address:			
Home Phone:			
Occupation:			
T:1			
Name of Company:			
E-mail :			
Mother's Name:			
Home Address:			
Home Phone:			
Occupation:			
Occupation: Title:			
Name of Company:			
E-mail:			
SCHEDULE PREFERRED			
Regular Day (8:00 am – 4:0		nded Day (8:	00 am – 6:00 pm)
Early Bird (7: 30 am)			
GENERAL INFORMATIO	N		
Has your child had any play	group experienc	ce, if so, where	and for how long?



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What benefits do you want your child to g	ain from this program?
How did you hear about Rainbow's World	d Family Child Care?
Why are you interested in our program?	
Is there any specific information the outchild?	r program needs to know about you
Please mail us your Application Fo	orm and include a photo of you
Please note, submitting an Application enrollment into Rainbow's World name will be put on our waiting regarding the status of your application.	Family Child Care. Your child's g list, and you will be notified
I hereby apply for admission to Rainbochild and certify that the information complete. I agree to pay a non refund submitting this application.	on this application is correct and
Parent/ guardian Signature:	Date:
Parent/ guardian Signature:	Date:
For Program use only: Application received on: Date of Admission: Age at Admission:	