

Rainbow Kids Preschool Registration Form

Child's Name: _____
Last First

Address Street: _____
City, State, Zip: _____

Birthday: _____ Sex: _____ Home Phone: _____
mm/dd/yyyy M/F

Father's Name: _____ Employer: _____
Driver's License #: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Employer: _____
Driver's License #: _____ Cell Phone: _____ Work Phone: _____

Parent's Marital Status: Married Divorced Other

If divorced, please give name and address of non-custodial parent:

Name: _____ Phone: _____
Address: _____

The following people are authorized to act in behalf of the above named student in the event of an emergency if the parents cannot be reached, and may pick up my child from class:

Name	Driver's License #	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I prefer: Monday/Wednesday Tuesday/Thursdays

Parent's Signature _____ Date: _____