

**Rainbow of Promise
Application for Enrollment**

Child Information:

Date of Birth: _____ M / F
Date of Enrollment: _____

Full Name:

Last	First	Middle	Nickname
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Child's Physical Address: _____

Family Information: Child Lives With: _____

Guardian's Name:	Guardian's Name:
Birthdate:	Birthdate:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Number:	Work Number:
Cell Phone:	Cell Phone:

Custody: Mother _____ Father _____ Both _____ Other _____

Please provide custody papers if there is a custody agreement.

Additional Information:

Please list allergies, special medical or dietary needs, or other areas of concern:

(Please include ANYTHING that may be helpful in the care of your child, including temperament, interactions with other children, problems remembering to use the restroom, etc.)

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below.

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached, etc.:

Name:_____ Home/Cell#: _____Email Address: _____

Name:_____ Home/Cell#: _____ Email Address: _____

Persons NOT allowed to pick up. Persons listed below, for whatever reason, will not be allowed to pick up your child for any reason. Please notify me if the persons on this list need to be modified. Please remember custody papers must be provided to refuse a parent their child.

Name:_____ Brief Reason: _____

Name:_____ Brief Reason: _____

Signature:

By signing, you agree to and understand the content stated above. You are also stating, to the best of your knowledge, that the information you have provided is accurate.

1st Parent or Legal Guardian's

Signature:_____ Date:_____

Printed Name: _____

2nd Parent or Legal Guardian's

Signature:_____ Date:_____

Printed Name: _____