

RAINBOW PLAYSCHOOL  
ENROLLMENT INFORMATION

CHILD'S FULL NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NICKNAME OR SHORT NAME FOR CHILD \_\_\_\_\_

**PARENT OR GUARDIAN NAME #1:** \_\_\_\_\_ HOME  
PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PARENT OR GUARDIAN NAME#2:** \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LOCAL EMERGENCY CONTACTS IN ADDITON TO PARENTS, THERE MUST BE TWO.  
(These contacts should be able to respond quickly to an ill child call or child  
emergency call)

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_ PHONE:  
\_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE FOR YOUR CHILD? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any known allergies? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child had: Measles \_\_\_ German Measles \_\_\_ Mumps \_\_\_ Chicken Pox \_\_\_  
Whooping Cough \_\_\_

Is your child currently receiving medical treatment? \_\_\_\_\_ If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child handicapped in any way? \_\_\_\_\_

Does your child have brothers/sisters? Give names, ages, and birth  
dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Give Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When does your child nap or rest? \_\_\_\_\_

For how long? \_\_\_\_\_

Please give us any other information, which may help us work more effectively  
with your child (likes, dislikes, fears etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Who beside parents and emergency contacts has permission to pick up your child? (They must present picture proof of identity). Notify us immediately of any changes.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICATION DATE:

PARENT OR GUARDIAN  
SIGNATURE \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_  
(Date entered by director)

**FIELD TRIP PERMISSION**

My child, \_\_\_\_\_ may participate in all walking field trips conducted by Rainbow Playschool.

PARENT OR GUARDIAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Field trips requiring transportation will be announced and permission collected prior to scheduled trip. Car seats will be used for all vehicle transportation. Drivers of vehicles will be announced and included on permission form.

**WADING POOL/RIVER WADING**

We want our parents to be aware that may we use wading pools on hot days for water play and cooling off. The pool will be under direct supervision as required by regulation. We will occasionally go down to the river on an outdoor excursion which may include wading during the low water periods.

Please sign the permission slip below:

I give my permission for my child \_\_\_\_\_ to participate in wading activities under the supervision of Rainbow playschool staff.

Do not allow my child to participate in activities in the river or a wading pool.

PARENT OR GUARDIAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## CONSENT FOR USE OF PHOTOGRAPHS AND VIDEOS

Rainbow Playschool recognizes the need to ensure the welfare and safety of all children taking part in any activity associated with our organization.

We would like your consent to use photographs, videos or other images of your children. It is likely that these images may be used as:

1. Documenting progress of children
2. Use for labeling and visual cues in the classroom.
3. Enhancement and personalization of special projects.
4. Giving the parents an occasional snap shot of the children  
And their day (a photo may be sent to a family, which could include your child, i.e.: class photo)
5. Documenting for file, process of lesson plan
6. Recording activity or special events
7. Use in evaluation of children and teachers
8. publicity material for further activities or events on leaflets/websites/magazines
9. Illustrations of the activities or events in published articles
10. Future grant applications

Rainbow Playschool will take care to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Rainbow Playschool immediately.

I give my consent to Rainbow playschool to photographing or videoing my child for the above mentioned use.

PARENT OR GUARDIAN

SIGNITURE \_\_\_\_\_ DATE \_\_\_\_\_

**Topical Lotion/Medication Permission**

I hereby give Rainbow Playschool, permission to use the following over the counter products on my child, \_\_\_\_\_, as needed and when supplied by me.

- \_\_\_ Sunscreen
- \_\_\_ Diaper cream
- \_\_\_ First Aid cream/lotion
- \_\_\_ lip balm
- \_\_\_ Hand lotion
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)