

Application for Preschool Admission

Beginning – Month: _____ **Year** _____

(Child must be a minimum of 3 years old and fully potty-trained on their first day of preschool.)

Please indicate order of preference: ___ 2 days (Tues./Thurs.) ___ 3 days (M/W/F) ___ 5 days

Parent/Guardian: Please complete this application and **submit with a \$50 non-refundable application fee.**

Applicant's Full Name _____

Last

First

Middle

Preferred Name

Date of Birth _____ Sex _____

Student lives with: ___ Mother & Father ___ Mother ___ Father ___ Guardian

___ Parents Married ___ Parents Divorced ___ Parents Separated ___ Dad Deceased ___ Mom Deceased

Applicant is: ___ White ___ African-American ___ Asian ___ Hispanic ___ Other: _____

Parent/Guardian: You must disclose information regarding all adults who have legal rights to this child.

Who will accept financial responsibility for school tuition & fees? ___ Mother ___ Father ___ Both

Mother's Name _____ Father's Name _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Guardian's Name, Address and Relationship – if applicable: _____

Has applicant previously been enrolled in Rainbow Mountain's preschool program? ___ No ___ Yes

How did you hear of RMCS?

___ Website ___ Advertisement in _____ Flyer posted at _____

___ I know a current or alumni RMCS student/family. Name/s: _____

___ Word-Of-Mouth Other: _____

Name of Preschool or Day Care Child Currently Attends _____

Name of Primary Teacher/s _____

Applicant's previous day care or preschool experience, if any:

Name of Day Care or Preschool	City/State	Days Attended	Hours Attended

Have you been dissatisfied with your child's day care or preschool experience? If yes, please explain.

Please list name, sex, grade and current school for all other children in your family:

Child's Name	Name of School	Grade	Sex

Maternal Grandparents:

Paternal Grandparents:

Name/s _____ Name/s _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Email _____ Email _____