



RAINBOW PRESCHOOL

7330 N. Santa Monica Blvd.
Fox Point, WI 53217
414.351.1908
rainbowpreschoolwi@gmail.com

ENROLLMENT FORM

Name of Child: _____ Sex: M F Date of Birth: _____

Prefers to be called: (i.e. Thomas – Tommy): _____

Mother's Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Alt. Phone: _____ Email: _____

Father's Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Alt. Phone: _____ Email: _____

Program Preferred: 5-day (M/T/W/Th/F) 3-day (M/W/F) 2-day (T/Th)

Will you be enrolling more than one student for the upcoming school year? Y N

Have any siblings participated in the Rainbow Preschool Program? Y N

Please list names and birth dates of all siblings: _____

Are you a member of North Shore Congregational Church? Y N

Would either parent be interested in serving on the Rainbow Preschool Board? Y N

How did you hear about Rainbow Preschool: ___ Friend ___ Alumni

___ Advertisement (where? _____) ___ Other (details, please _____)

Please include a \$50.00 tuition deposit (non-refundable upon admission) payable to Rainbow Preschool. Once your child is admitted a non-refundable tuition payment of \$150.00 is due by March 1, 2010. Balance of first semester tuition is due August 1, 2010 and second semester by December 1, 2010.

I have read and agree to abide by this and all other Policies and Practices of the Rainbow Preschool if my child is admitted to the program.

Signature: _____ Date: _____