

RAINBOW CHRISTIAN ACADEMY/CHILDREN'S RAINBOW DAY SCHOOL

*"It's Better To Build A Child Than Repair A Man"
"Where Christ Is Honored And Children Are Loved"*

Child's Full Name _____ Date _____

Social Security Number _____ D.O.B. _____

Name Child Is Called _____ Sex _____ Race _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if applicable) _____ Phone _____

Child Living With: Both Parents _____ Mother _____ Father _____ Guardian _____

Father

Name _____ D.O.B. _____

Address (if different) _____ Phone _____

Social Security Number _____ Home: Own _____ Rent _____

Occupation _____ Business Name _____

Business Address _____ Phone _____

E-Mail Address _____ DL# _____

Mother

Name _____ D.O.B. _____

Address (if different) _____ Phone _____

Social Security Number _____ Home: Own _____ Rent _____

Occupation _____ Business Name _____

Business Address _____ Phone _____

E-Mail Address _____ DL# _____

Church Affiliation _____ Do you attend regularly? _____

Brothers and Sisters Names: _____

Name, address, phone number of person who could assume responsibility for your child in an emergency when school is unable to contact parents:

Name _____ Address _____

Phone _____ Relationship to child _____

Name _____ Address _____

Phone _____ Relationship to child _____

Person's permitted to remove child from school:

Mother: Yes _____ No _____

Father: Yes _____ No _____

Other: Name _____ Relationship _____

Address _____ Phone _____

Serious Illnesses child has had: _____

Dates _____ Food Restrictions/Allergies _____

Has child attended any other Child Care Center or School? _____

Name of school _____ Dates _____

Special Instructions of habits of child that by our knowing will help the adjustment to Rainbow to be a happy experience:

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As required by Florida State Law, I agree to provide a nutritious bag lunch for my child or participate in the hot lunch program.

I agree to give Rainbow Christian Academy/ Children's Rainbow Day School permission to administer emergency first aid treatment to my child if necessary.

Signed _____ Date _____

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May Rainbow Christian Academy/Children's Rainbow Day School call another physician if unable to contact your physician? Yes _____ No _____

Name of physician _____ Phone _____

Address _____ Office Hours _____

Medical Insurance _____ Policy # _____

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K2-K4 Parents Only: Please sign that you have read the DCF Brochure/ Disciplinary Practices/Flu Guide

DCF Brochure _____ Disciplinary Practices _____

Flu Guide _____