



Enrollment Application Form

Child's Name: _____

Birthdate: _____

Address: _____

City/State/Zip _____

Mother's Name: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Date of Desired Admission _____

Start date will be determined by availability

Desired Attendance _____

(Which days, full or half)

Currently Potty Trained: yes no

Previous School Experience: _____

How did you hear about Magic Rainbow? _____

Parent Signature _____

Date _____