

Rainbow Christian Preschool  
 Halifax United Methodist Church  
 105 Wind Hill Drive  
 Halifax, Pennsylvania 17032  
 Phone: (717) 896-8092

## Enrollment Agreement

### 2 Day Class

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs.

Enrollment Information			
Please check one: <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> New Registration			
How did you hear about our program?    Alumni Family    Friend/Family    Website    Facebook    Other			
Student's Information			
Last Name		First Name	Middle Name
			Name you would like your child to be called:
Birth Date / /	Sex	Primary Home Language	Parent/guardian primary home language
Child's Home address		City	State    Zip
Family Information			
List family members and pets your child lives with – include first names, relation and ages of siblings			
Are both parents at home? _____ If no, which parent is present? _____			
General Comments:			
Parent Information		Mother/Guardian	Father/Guardian
Home Address (include street, city, state, zip)			
Home Phone Number			
Cell Phone Number			
Employer			
Occupation			
Business Phone Number			
Email address (checked often)			
Best number to reach you at			
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Not Married			
<b>Note:</b> It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation/pick-up. Please bring the original court papers regarding custody arrangements for us to copy in order for us to comply. Have you provided RCP with current court orders/legal documentation? _____			
PERSONS <b>NOT AUTHORIZED</b> TO VISIT OR PICK UP CHILD: _____ Relationship to child: _____			
<b>Caregiver's Name and Telephone Number</b>			
<b>In case of emergency call parents first then (Please list name and phone number)</b>			
1.			
2.			

Parent Initial \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date \_\_\_\_\_

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Child's Name: \_\_\_\_\_

<b>Rate Agreement and Contract</b>	
<b>Hours of Operation</b>	
Morning classes are from 9:00 – 11:00 am and the afternoon classes are from 12:30 – 2:30 pm. Please note below if your child will be carpooling with another.	
CLASSES FOR THREE YEAR OLD CHILDREN *children must turn three before September 1, 2017	
I prefer two-day morning classes (Tuesday, Thursday) <input type="checkbox"/>	
I prefer two-day afternoon classes (Tuesday, Thursday) <input type="checkbox"/>	
<b>Fee Policy</b>	
<i>Please initial each line and sign below acknowledging you have read the following policies.</i>	
If accepted, I agree to pay the monthly tuition amount within the first seven (7) days of the month to Halifax United Methodist Church.	
I understand I must complete, sign, and return an annual tuition agreement to ensure my child's class placement.	
I understand that payment is due regardless of vacation, illness, holiday, emergency closing, etc.	
I agree to pay the full tuition in advance of services rendered.	
I agree to pay the full tuition fee even if my child is absent for one or more days.	
A late fee of \$20 will be billed if tuition is not received on time by the 7 <sup>th</sup> of the month.	
A non-refundable registration fee of \$15 is due yearly.	
A late fee of \$10 per 15 minutes per child is due if my child is not picked up before closing without notification.	
Accounts 45 days in arrears may result in immediate termination of service.	
Returned checks will be assessed a service fee of \$30, and must be replaced with cash or money order within 7 days.	
I understand past due tuitions referred to our collection agency will include collection fees not to exceed 40% of the claim amount.	

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please remit a \$15 non-refundable application fee when applying.

Received on \_\_\_\_\_ By \_\_\_\_\_ Check Number \_\_\_\_\_

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# Enrollment Agreement

## 2 Day Class

Child's Name: _____
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Medical Information					
Child's Name	Birth Date	Height	Weight	Hair Color	Eye Color
<b>Child's Medical and Developmental History</b>					
Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Please list a brief history of your child's serious injuries, surgeries, and/or hospitalizations.					
Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach special care plan from your physician.</i>					
Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach special care plan from your physician.</i>					
Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach special care plan from your physician</i>					
Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Is your child able to full participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain					
Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain					
Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
<b>Habits and Attitudes</b>					
How does your child meet new situations?					
Has your child shown marked fears (i.e., thunderstorms, fire sirens, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
Does your child display anger out bursts or temper tantrums? <input type="checkbox"/> No <input type="checkbox"/> Yes Please explain and if you can describe what seems to trigger the anger?					
Does your child show a preference for the right or left hand?					
Can your child take care of him/herself with toilet habits? <input type="checkbox"/> Fully <input type="checkbox"/> Partially					
<b>*By the time your child enters nursery school, they <u>must</u> be potty-trained. (No diapers or pull-ups)</b>					

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## Enrollment Agreement

### 2 Day Class

Child's Name: \_\_\_\_\_

Child's Medical History Continued			
Child's Medical Care Provider			
Primary physician's name		Primary physician's practice name	
Physician's practice address		City	State
Preferred hospital/clinic for emergency care			
Dentist's Name		Dentist's practice name	
Dentist's practice address		City	State
<b>Illness History</b> <i>(please circle all that apply)</i>  Vision Problems                      Nosebleeds                      Seizures                      Hearing Problems Skin rashes                              Mouth Sores                      Constipation                      Sore throats Fainting                                  Diarrhea                              Ear Infections                      Persistent Cough Asthma/Breathing problems      Urinary tract infections      Other (please explain) _____ <i>Please attach special care plan from your physician for any of these illnesses.</i>			
Allergies (please list)			
Allergy	Reaction		
Medication			
Medication			
Food			
Food			
Bee Stings			
Other			
<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Has your child been prescribed an Epi-Pen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please attach care instructions from your physician for any life-threatening allergies</i>			
Additional Developmental Questions			
Was your child born prematurely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child received the following Screenings?	Has your child qualified or received Early Intervention Services?
If yes how many weeks early?		<input type="checkbox"/> Hearing Screening	If yes list services received:
Is this your child's 1 <sup>st</sup> school experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech Screening	
If no, please list the program:		<input type="checkbox"/> Vision Screening	
		<input type="checkbox"/> Dental Screening	

To the best of my knowledge the information contained above is accurate.

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## Enrollment Agreement

### 2 Day Class

Child's Name: \_\_\_\_\_

<b>Medical Policies</b>	Please initial each policy
Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated annually in accordance with state child care regulations. I understand all children must meet the PA Minimum Immunization Requirements for School Attendance	
I agree to provide information to Rainbow Christian Preschool about my child's conditions, illnesses, allergies or other needs.	
If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. I understand that I must notify Rainbow Christian Preschool if my child becomes ill with a reportable contagious disease.	
If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed on the Rainbow Christian Preschool Transportation Form.	
<b>Emergency Medical Authorization and Consent</b>	Please initial each item
In case of a medical emergency, the staff will attempt to contact me, those listed on the Rainbow Christian Preschool Transportation Form, and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid, CPR, and/or emergency care.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of a community disaster, I authorize Rainbow Christian Preschool staff to evacuate my child.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
<b>Sunscreen and Insect Repellent.</b>	Please initial each item
I give my permission to Rainbow Christian Preschool to apply <input type="checkbox"/> Sunscreen and <input type="checkbox"/> insect repellent to my child	
Please list any special instructions:	

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## Immunizations Reporting Sheet

2 Day Class

Please circle: 2 Day A.M. Class   2 Day P.M. Class

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Immunizations Reporting Sheet (You may also attach a copy of immunization record from your doctor)**

**DTaP (Diphtheria-Tetanus-Acelluar-Pertussis)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

**IPV (Inactive Poliovirus Vaccine)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

**Hib Vaccine (Haemophilus influenza B)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

**RV (Rotavirus)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**PCV (Pneumococcal)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

**Hepatitis B**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Hepatitis A**

#1 \_\_\_\_\_ #2 \_\_\_\_\_

**MMR (Measles-Mumps-Rubella)**

**Varicella (Chickenpox)**

**Influenza**

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_

**Doctor**

**Phone**

**Address**

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### Rainbow Christian Preschool Transportation Form

Listed below are the persons to who my child may be released while in your care: I have provided the name, address and phone number. I will notify you in writing if someone other than those listed below will be picking up my child.

\_\_\_\_\_ (Parent Signature)

NAME	ADDRESS	PHONE #

\_\_\_\_\_

### EXCURSION PERMIT

During the year, we may take the children for walks (specifically to the park). Please sign below if we have your permission to take your child on such an activity.

\_\_\_\_\_ (Parent Signature)

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**Rainbow Christian Preschool Parent-School Tuition Agreement 2018-2019**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
*Street address City/Town State Zip Code*

Registration Fee paid at enrollment \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Program Enrolled \_\_\_\_\_

The annual tuition is based on the Rainbow Christian Preschool Program for a 2 day T/Th program. Tuition is divided into 9 payments for your convenience with the first payment due by September 7.

PERSONAL GUARANTEE

I/We understand that each parent/guardian of the child/children enrolled at Rainbow Christian Preschool must sign the Parent-School Agreement on an annual basis attesting that I/we are both jointly and separately liable for my/our child/children's current school year tuition and any unpaid balance.

\_\_\_\_\_  
Signature of Mother/Guardian Date

\_\_\_\_\_  
Signature of Father/Guardian Date