

# Elementary Enrollment

## Rainbow Learning Academy

\*Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*For School Year \_\_\_\_-\_\_\_\_

☐ Re-enrollment ☐ New Enrollment

Please **PRINT**

\_\_\_\_\_  
\*Student Name (Last, First, Middle)

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
\*Grade to Enter

\_\_\_\_\_  
\*Mailing Address (Street, City, State, ZIP)

\_\_\_\_\_  
\*E-mail Address

\_\_\_\_\_  
\*Home Phone

\_\_\_\_\_  
\*Sex

\_\_\_\_\_  
\*Birth Date

\*Race

☐

Asian

☐

Black

☐

Hispanic

U.S Citizen

☐

White

☐

Other (Specify)\_\_\_\_\_

☐

Yes

☐

No

\_\_\_\_\_  
\*Father's Name

\_\_\_\_\_  
\*Father's Cell

\_\_\_\_\_  
\*Mother's Name

\_\_\_\_\_  
\*Mother's Cell

\_\_\_\_\_  
\*Father's Driver's License #

\_\_\_\_\_  
\*Mother's Driver's License #

\_\_\_\_\_  
\*Father's Emergency Phone/E-mail

\_\_\_\_\_  
\*Mother's Emergency Phone/E-mail

Child's Primary Residence:

☐

Both Parents

☐

Mother

☐

Father

☐

Other \_\_\_\_\_

\_\_\_\_\_  
\*Responsible Adult to Contact if Primary Contact Cannot Be Reached

\_\_\_\_\_  
\*Home Phone

\_\_\_\_\_  
\*Work/Cell Phone

\_\_\_\_\_  
Name of Person(s) Authorized To Take Child (other than Parents) Relationship Phone

\_\_\_\_\_  
Name of Person(s) Authorized To Take Child (other than Parents) Relationship Phone

\_\_\_\_\_  
\*Physician's Name \*Physician's Phone

\_\_\_\_\_  
Health Problems (If any)

\_\_\_\_\_  
Current/Most Recent School Attended City/State Phone

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\*What church do you attend? City/State

**VERIFY THAT ALL REQUIRED (\*) FIELDS ARE COMPLETE, READ STATEMENT  
OF COOPERATION BELOW AND THEN SIGN.**

**Statement of cooperation**

In making application for my child, I desire to have him/her complete the school year \*\_\_\_\_-\_\_\_\_. It is also my understanding that the policy of the school is to make non refunds or transfers on registration fee or tuition payment. I also give permission for my child to take part in all activities of Rainbow Learning Academy. I further agree to indemnify and hold Rainbow Learning Academy harmless for any and all liability that may result from my child's attending or participation in all activities of Rainbow Learning Academy. I acknowledge the minimum educational qualifications for my child's teacher is a Bachelors degree's. We are a parentally placed private school and student's with a disability will not receive the special education they would receive if enrolled in a public school under the Individuals with Disabilities Education Act (IDEA).

\_\_\_\_\_  
\*Parents Signature \*Date

STATMENT OF COOPERATION and WAIVER OF LIABILITY

I recognize that attendance at Rainbow Learning Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy.

I further understand that Rainbow Learning Academy policy prohibits refunds of registration fees or the first tuition payment.

In the event that a teacher or admin takes a picture with my child in it on campus, either individually or in a group, I give permission for my child's picture to be used in future publications of Rainbow Learning Academy.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), recreational activities, bus trips, sports activities on the premises of Rainbow Learning Academy and sponsored trips away from the premises. I indemnify and save Rainbow Learning Academy, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorneys' fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that Rainbow Learning Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change. It is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Rainbow Learning Academy.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends Rainbow Learning Academy. Any reference herein to "child" shall include and refer to all the children listed, or others to be enrolled in the future.

Signature of **both** parents

List Children’s name and grades

\_\_\_\_\_  
 Mother Date

\_\_\_\_\_  
 Father Date

\_\_\_\_\_  
 Sole Guardian Date

# Extended School Day Enrollment

## Rainbow Learning Academy

\*Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*For School Year \_\_\_\_ - \_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Authorized to take child (other than parents)/ adult to contact if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List additional name on back of form

Please check type of Extended School Day

☐ Car: Before school ONLY (Begin at 7:00 a.m.)

☐ Car: Before and After school (Begin at 7:00 a.m. ends at 5:30 p.m.)

Before school and after school care is through Little Rainbows Learning Center

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

The school has my permission to call the above-name physician in case of an emergency when I as a parent cannot first be reached **Yes No**

I understand that late fees will be charged after 5:30 p.m. Before any change can be made in the time or mode of transportation, the new information must be on file in the office. Rainbow Learning Academy admits students of any race, color, or national origin.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date