

Rainbow Schools Enrollment Application

Date: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Date of Birth: _____

Employer Name: _____ Occupation: _____

Bus. Phone: _____ ext. _____ Cell Phone: _____

Father's Name: _____ Date of Birth: _____

Employer Name: _____ Occupation: _____

Bus. Phone: _____ ext. _____ Cell Phone: _____

Child's Physician: _____ Phone: _____

Medical Insurance Carrier _____ Policy#: _____

Allergies: _____

Circle which school and program time you're applying for:

Kahuku	7:00-3:30	7:00-5:00		
Kaneohe	6:30-12:00	6:30-2:30	6:30-4:00	6:30-5:30
Honolulu	6:30-5:00			
Mililani	7:00-2:30	7:00-5:30		
Wahiawa	6:30-3:00	6:30-5:30		

Tuition payment will be made by:

Parent _____ Child Care Connection _____ Open Doors _____

First-to-Work _____ Pauahi Keiki Scholars _____ Alu Like _____

Please send, email or fax the completed application to the school you are applying to. Each school's director will contact you regarding enrollment.