

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

Enrollment Agreement

3 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? <input type="checkbox"/> Alumni Family <input type="checkbox"/> Friend/Family <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> 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's Name:		Father/Guardian's Name:
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				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Not Married				
Note: 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 NOT AUTHORIZED TO VISIT OR PICK UP CHILD: _____ Relationship to child: _____				
Caregiver's Name and Telephone Number				
In case of emergency call parents first then (Please list name and phone number)				
1.				
2.				

Parent Initial _____ Date _____ Staff Initial _____ Date _____

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Child's Name: _____

Rate Agreement and Contract	
Hours of Operation	
Morning classes are from 9:00 – 11:30 am and the afternoon classes are from 12:30 – 3:00 pm. Please note below if your child will be carpooling with another.	
CLASSES FOR FOUR YEAR OLD CHILDREN *children must turn four before September 1, 2024	
I prefer three-day morning classes (Monday, Wednesday, Friday) <input type="checkbox"/>	
I prefer three-day afternoon classes (Monday, Wednesday, Friday) <input type="checkbox"/>	
Fee Policy	
<i>Please initial each line and sign below acknowledging you have read the following policies.</i>	
I have accepted, I agree to pay the monthly tuition amount within the first seven (7) days of the month to Halifax Community 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 th 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. Make checks payable to Halifax Community Church.

Received on _____ By _____ Check Number _____

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Child's Name: _____

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Medical Information					
Child's Name	Birth Date	Height	Weight	Hair Color	Eye Color
Child's Medical and Developmental History					
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					
Habits and Attitudes					
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					
*By the time your child enters nursery school, they must be potty-trained. (No diapers or pull-ups)					

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Child's Name: _____

Child's Medical History Continued			
Child's Medical Care Provider			
Primary physician's name	Primary physician's practice name		Phone
Physician's practice address		City	State Zip
Preferred hospital/clinic for emergency care			
Dentist's Name	Dentist's practice name		Phone
Dentist's practice address		City	State Zip
Illness History (please circle all that apply) 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			
Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child been prescribed an Epi-Pen? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes how many weeks early?		<input type="checkbox"/> Hearing Screening Date:	If yes list services received:
Is this your child's 1 st school experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech Screening Date:	
If no, please list the program:		<input type="checkbox"/> Vision Screening Date: <input type="checkbox"/> Dental Screening Date:	

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

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Child's Name: _____

Medical Policies	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.	
Emergency Medical Authorization and Consent	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.	
Sunscreen and Insect Repellent.	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

3 Day Class

Please circle: 3 Day A.M. Class 3 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 playground). 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

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 # _____
-Make checks payable to Halifax Community Church-

Program Enrolled _____

The annual tuition is based on the Rainbow Christian Preschool Program for a 3 day MWF program and 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