

# Enrollment Contract

2022-23

**The Rainbow School, Inc.**  
25620 SE 39<sup>th</sup> Way, Issaquah, WA 98029  
Telephone 425-557-9040

<b>For office use only:</b>	
<input type="checkbox"/> DSHS	
<input type="checkbox"/> Registration Fee: <input type="checkbox"/> Posted <input type="checkbox"/> Paid \$ _____.00	
<input type="checkbox"/> Tuition Deposit (Little Rainbow)	
<input type="checkbox"/> Contract: Filled out, initialed, and signed	
<input type="checkbox"/> Medical Authorization: Filled out and signed	
<input type="checkbox"/> Immunizations: Filled out and signed	
<input type="checkbox"/> Sunscreen Authorization Form: Signed	
<input type="checkbox"/> Child Care Emergency Plan for Allergic Reaction	
<input type="checkbox"/> Child Asthma Plan	
<input type="checkbox"/> Summer Enrollment Confirmation	
<input type="checkbox"/> New Child Form	
Entered: ____/____/____	By: _____ BW _____ EC2

**CHILD DATA: Please Print**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Nickname \_\_\_\_\_

Sex (circle one) M F Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Receive statement via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Classroom Assignment \_\_\_\_\_ Start Date \_\_\_\_\_

Child resides with (circle one) Mother Father Both Parents Shared Other \_\_\_\_\_

Elementary School Attending (circle one) Cedar Trails Challenger Discovery Endeavour Sno-Springs Sunny Hills Grand Ridge

Kindergarten (circle one): AM PM Full Day School Grade (circle one): 1 2 3

Breakfast Card - From 7:30 am to 7:50 am only (circle one to purchase) Blue (10 Breakfasts for \$20.00) Red (40 Breakfasts for \$70.00)

**MEDICAL INFORMATION**  Inhaler (requires Instructions for Medications)  Epi-Pen (Jr) (requires Instructions for Medications)

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If allergies, please return this enrollment contract with a Health Care Providers Allergy/Intolerance Report explaining type of allergy (ies). You must also complete a Child Care Emergency Plan for Allergic Reactions.

Medications or Conditions? Yes \_\_\_\_\_ No \_\_\_\_\_ If Asthma, you must complete a Child Asthma Plan.

If you answered Yes to either of the above questions, please explain \_\_\_\_\_

Food Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ Vegetarian Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain (be exact) \_\_\_\_\_

**CHILD'S WEEKLY SCHEDULE**  
(please circle which days your child will be with us)

Days	In	Out	# Hours
M - T - W - Th - F	_____	_____	_____

Please define your Child's scheduled hours as accurately as possible to help us schedule our Classroom Staff accordingly.  
*We, and your child, thank you!*

Please note: In accordance with WA State Child Care Licensing Regulations no child may be regularly scheduled for more than 10 hours per day.

**SPONSOR DATA: Please Print**

Mother's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_

SPONSOR DATA: CONTINUED

Father's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_

***In order to assure that parents clearly understand the policies and procedures of the School, we ask that you read and initial each of the following.***

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS:

PAYMENT PROVISIONS:

- \_\_\_\_\_ 1. A non-refundable Registration Fee of \$150.00 per child or \$200.00 per family enrolled is payable at the time of enrollment and again each re-enrollment period. Payment of the Registration Fee obligates the payment of one month's tuition whether or not the child attends.
- \_\_\_\_\_ 2. If an enrollment position is not immediately available for your child, payment of one month's tuition will place the child on the School's waiting list and guarantee an enrollment position.
- \_\_\_\_\_ 3. All tuition payments are due in advance by the 1st of each month. You may elect to make tuition payments in two payments, however, the second payment must be paid in full by the 1st. A \$25 Late Payment Fee will be added to accounts not paid in full by the 1st of the month. Late charges are assessed at closing on the 1st. Enrollment suspension will become effective fifteen (15) days after the account has become delinquent and any balance due after this date will accrue interest at the rate of 1.5 percent interest per month. If collection action is initiated a service charge of \$25 will be added.
- \_\_\_\_\_ 4. There is no reduction of tuition for absences due to sickness, vacations, holidays, public school closures, or School closures due to inclement weather. Please note: the School will close for inclement weather only in the most extreme weather conditions when the safety of the children is considered to be at risk.
- \_\_\_\_\_ 5. Breakfasts may be purchased on a "punch card system" for an additional cost of \$20.00 (10 breakfasts) or \$70.00 (40 breakfasts). You will be billed for this at the time of purchase on the next billing cycle. Breakfast is served from 7:30 am to 7:50 am. Breakfast is over by 8:00 am.
- \_\_\_\_\_ 6. Breakfast may be brought from home, but must be eaten by 8:00 am. Please don't bring breakfast after 7:45 am.
- \_\_\_\_\_ 7. Swimming classes may be offered as optional activities and billed separately through a local swim facility. Sign up sheets and fee schedules will be posted for these activities.
- \_\_\_\_\_ 8. A charge for Field Trips will be billed monthly when there is an entry fee involved in the Field Trip itself. Field Trips will be posted in advance. \$1.50 will be charged whenever the bus is used to transport the children to local parks, etc.
- \_\_\_\_\_ 9. A charge of \$1 per minute for Late Pick-Up will be billed monthly for each additional minute the child stays at the School beyond our 6:20 p.m. closing time for children in our Green, Blue, and Big Rainbow Classrooms.
- \_\_\_\_\_ 10. As children under the age of 30 months cannot be combined with older children and combined into other classes at the end of the day, a charge of \$1 per minute for Late Pick-Up will be billed monthly for each additional minute the child stays at the School beyond the 6:00 p.m. classroom closing time. This affects our Infant, Orange, and Yellow Classrooms.
- \_\_\_\_\_ 11. Part-Time Preschool program, a charge of \$1 per minute for Late Pick-Up will be billed monthly for each additional minute the child stays at the School beyond our 12:00 pm closing time.
- \_\_\_\_\_ 12. A \$25 NSF Fee will be billed when checks are returned NSF.
- \_\_\_\_\_ 13. Vacation credit is accrued based on the number of days contracted. A maximum of two weeks of each child's enrollment schedule will be issued after each 12 months of continuous enrollment. Parents must complete a Vacation Credit Request form in order to receive billing credit.

PAYMENT PROVISIONS: CONTINUED

- \_\_\_\_\_ 14. A WRITTEN, FOUR WEEK ADVANCE STUDENT WITHDRAWAL NOTICE must be given prior to withdrawal for children ages 6 wks through Blue Class . Parents are REQUIRED to pay for these four weeks regardless of when the child leaves the School.
- \_\_\_\_\_ 15. A WRITTEN, TWO MONTH ADVANCE STUDENT WITHDRAWAL NOTICE must be given prior to withdrawal of children enrolled in our School-Age program between August and January. A WRITTEN, TWO MONTH ADVANCE STUDENT WITHDRAWAL NOTICE must be given prior to withdrawal of children enrolled in our Part-time Preschool program between January and May. Parents are REQUIRED to pay for these eight weeks regardless of when the child leaves the School.
- \_\_\_\_\_ 16. Families wishing to dis-enroll for the summer and return in September will be put at the top of our Student Wait List and will not have a guaranteed enrollment position in September.
- \_\_\_\_\_ 17. School Age Students not continuing their enrollment into the new school year (Sept./Oct. etc.) must dis-enroll as of August 31 each year.
- \_\_\_\_\_ 18. Students with Part-Time schedules may not trade days of attendance You may purchase extra days at a daily rate on a space available basis only. You will be billed an Extra Day Charge each time a change in schedule occurs.
- \_\_\_\_\_ 19. A 10 percent Family Discount is given on the lesser tuition when two or more children are concurrently enrolled on a full-time basis only.

#### PARENT OBLIGATIONS

- \_\_\_\_\_ 1. Parents are responsible for seeing that their child arrives at school no later than 9:30 a.m.
- \_\_\_\_\_ 2. Parents MUST call Rainbow School no later than 1:00 pm if your child WILL NOT need afternoon transportation.
- \_\_\_\_\_ 3. Parents must not bring any nuts or products that may contain nuts into the school as we have a "NO NUTS" policy. We have children who are highly allergic and any contact with nuts could be life threatening.
- \_\_\_\_\_ 4. Parents are responsible for payment of fees on time regardless of when statements are generated. Tuition is due on the first (1<sup>st</sup>) day of each month.
- \_\_\_\_\_ 5. Parents are responsible for reading and complying with all written correspondence from the Office.
- \_\_\_\_\_ 6. Parents must turn in the Enrollment Contract, Immunization Records, Registration Fee, and the first month's tuition Before the child(ren) may attend. The School requires this information at least 48 hours prior to the child starting in their classroom. It is the Parent's responsibility to update immunization records when necessary (see back of DOH form) and notify the School of these updates.
- \_\_\_\_\_ 7. Parents, or a responsible designated adult, must walk into the School each day, sign the child in each day (using a FULL SIGNATURE, please) and escort the child to his/her classroom.
- \_\_\_\_\_ 8. Parents, or a responsible designated adult, must check Student cubbies daily for art projects, as well as the Student Daily Correspondence File for written communications from Teachers or the Office. Tuition statements are processed on the 20th of each month.
- \_\_\_\_\_ 9. Parents must keep their child home if he or she has experienced fever, diarrhea, or vomiting in the last 24 hour period. Children too sick to participate in a full program including outdoor play need to be kept at home. Parents will be called to pick up their child if the child becomes ill. Your child MUST be picked up within the hour of the phone call.
- \_\_\_\_\_ 10. Parents must inform the School in writing of changes in addresses, phone numbers, employment, emergency information, or any changes in family situations.
- \_\_\_\_\_ 11. Parents must complete an Instructions for Medications Form each time the child needs medication. ALL MEDICATIONS MUST BE APPROVED IN WRITING by both the parent and the child's physician prior to disbursement by School Staff. No medications (prescriptions, over-the-counter medications) are allowed in the classroom or left with the child's belongings.
- \_\_\_\_\_ 12. Parents must complete a Today Only Form whenever there is a temporary change in the child's schedule, i.e. the child needs medication, there is a change in pick-up time, someone else will pick up the child, etc.
- \_\_\_\_\_ 13. Parents must receive approval from their child's classroom teacher or the Office prior to bringing the child for an unscheduled day, and then complete a Today Only Form. You will be charged an Extra Day Fee each time your child attends on a day not regularly scheduled.

#### PARENT OBLIGATIONS: CONTINUED

- \_\_\_\_\_ 14. The School will close to observe the following holidays: New Year's Day, MLKing Day, President's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, and two days at Christmas.

- \_\_\_\_\_ 15. Field Trips: When field trips are planned, all enrolled students must participate. Alternate care is not available for students unable to participate in field trip activities.
- \_\_\_\_\_ 16. Parents are responsible for their children while they are present at the school. If you need help separating from your child during a drop off, please ask your child's teacher for assistance.
- \_\_\_\_\_ 17. At the end of the day You are responsible for your child the moment you walk through the door. Please do not allow your child to leave the classroom unattended.

**TERMINATION OF THE CONTRACT**

This agreement shall be terminated if any one or more of the following occur:

- \_\_\_\_\_ 1. The parents of the child give the appropriate required advance written notice of student withdrawal.
- \_\_\_\_\_ 2. The parents or guardians of the child allow their account to become delinquent.
- \_\_\_\_\_ 3. The parents or guardians of the child fail to honor the obligations listed in this Agreement or in any written policies provided by the School.
- \_\_\_\_\_ 4. The School in its sole and unfettered discretion determines that it cannot meet the needs of the child. Biting, aggressive, disruptive, and non-compliant behavior will be considered conditions warranting disenrollment.
- \_\_\_\_\_ 5. The parents or guardians of the child fail to cooperate with the School in matters which the School determines serious enough to warrant termination.

**SIGNATURES TO AGREEMENT**

For child care services provided by The Rainbow School, Inc. in accordance with the terms of this Enrollment Contract, I Agree to cooperate with the general policies of the School and to perform the obligations of parents (or guardians) as set forth in this contract. My signature below indicates that I have read the terms of the agreement and that all my questions have been answered to my full satisfaction.

Parent Signature \_\_\_\_\_ Dated \_\_\_\_\_  
 The Rainbow School, Inc. \_\_\_\_\_ Dated \_\_\_\_\_

## Emergency Information

CHILD'S NAME \_\_\_\_\_ Sex (circle one) M F  
 Date of Birth \_\_\_\_\_ Date child last saw Physician \_\_\_\_\_  
 Date of last Dental exam \_\_\_\_\_

**SPONSOR CONTACTS (Please Print)**

**EMERGENCY PICK-UP** If an emergency or illness should occur with your child and you or your spouse are NOT available, Who may we call to care for your child?

NAME \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

**AUTHORIZED PICK-UP** In the event that you cannot pick your child up from Rainbow School, Who may do so? Please list three individuals, if possible.

Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____

**RED FLAG PICK-UPS** If there is a person or person(s) who MAY NOT pick up your child. Please list below. Please Note: If this person is the Child's Parent, we MUST have a court-authorized order stating this policy in our files in order to prohibit the removal of the Child from our premises.

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

**NEAREST OUT-OF-STATE RELATIVE** If we should experience a statewide emergency and we cannot reach you by phone, Who may we call?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_

**MEDICAL CONCERNS**

In the event that your child should receive an injury of a non-critical nature, but one that is of concern to us —May we call your child’s physician **IN THE EVENT THAT WE CANNOT REACH YOU?** Yes \_\_\_\_ No \_\_\_\_

In a similar situation, May we call your child’s dentist if it seems appropriate? Yes \_\_\_\_ No \_\_\_\_

**PHYSICIAN’S NAME** \_\_\_\_\_ **Office Telephone** (\_\_\_\_) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DENTIST’S NAME** \_\_\_\_\_ **Office Telephone** (\_\_\_\_) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL CONSENT**

I hereby grant permission to The Rainbow School to seek medical attention for my child \_\_\_\_\_

In the event such treatment is deemed necessary, and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical tests, treatments, transfusions, injections, or drugs and the performing of whatever operation or procedure may be deemed necessary or advisable during his or her stay in the hospital.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother’s Work Telephone** (\_\_\_\_) \_\_\_\_\_

**Father’s Work Telephone** (\_\_\_\_) \_\_\_\_\_

**Mother’s Employer** \_\_\_\_\_

**Father’s Employer** \_\_\_\_\_

## Information About Your Child

Has your child been in child care before? Yes No **Where:** \_\_\_\_\_

If yes, has your child been in a large group setting before? Yes No

If your child has not been in center care before, who has been caring for him or her? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any siblings? Yes No

If yes, please provide Names and Ages of siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child speak English? Yes No **If no, what is your native language?** \_\_\_\_\_

What interests does your child enjoy? Please tell us something about your child. \_\_\_\_\_

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Does your family participate in any particular religious or cultural affiliations? If so, please share a little bit about this so we can educate ourselves and incorporate some of your family's values into our program when possible.

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Please share with us any particular focus you might like to see addressed in our education programs.

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Please share with us your ideas on how we can better meet your needs.

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