

Rainbow Bright Christian Learning Center Enrollment Form

Child's Name: _____ **Date of Birth:** _____

Four Digit Passcode for Check In/Out: _____

_____ (Initial here) By providing a 4 digit code, I understand this is an electronic signature process. I will inform all parties who may pick up my child of this and they will use their own initials, along with this code, when either dropping off or picking up my child from Rainbow Bright Christian Learning Center.

Mother's Name: _____

Cell Phone Number: _____

Email Address: _____

Add to email list for regular communications YES/NO Send monthly billing YES/NO

Place of Employment: _____

Work Address: _____

Work Phone: _____

Father's Name: _____

Cell Phone Number: _____

Email Address: _____

Add to email list for regular communications YES/NO Send monthly billing YES/NO

Place of Employment: _____

Work Address: _____

Work Phone: _____

Are there other children living at home with your child?

| Name | Age | Sex | Relationship to Child |
|------|-----|-----|-----------------------|
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