Rainbow International Montessori School

Admission Application

(passport size)

Student's Information :

Name : _____

Date of Birth : ____ / ____ / ____ (m / d / y)

Nationality : _____

☐ Male ☐ Female

Religion : _____

Home Address (in Japan) : _____

Zip Code : _____

Home Phone : _____

Home Fax : _____

Address in Home Country : _____

Parent's Information :

Father :

Name : _____

Cell Phone : _____

E-Mail (PC) : _____

E-Mail (Cell) : _____

Name of Company or Organization : _____

Business Address : _____

_____

Business Telephone No : _____

Mother :

Name : _____

Cell Phone : _____

E-Mail (PC) : _____

E-Mail (Cell) : _____

Name of Company or Organization : _____

Business Address : _____

_____

Business Telephone No : _____

Adults Authorized to pick up my child :

(passport size)

(passport size)

(passport size)

(passport size)

Emergency Contact (Please list name in order to be called.):

1. Name : _____ Relationship : _____ Phone : _____ Cell Phone : _____
2. Name : _____ Relationship : _____ Phone : _____ Cell Phone : _____
3. Name : _____ Relationship : _____ Phone : _____ Cell Phone : _____

Start Date : _____ / _____ / _____
m d y

Program Selection :

☐ **Plumeria Class (3years - 6years)**

☐ 5days (M - F)

☐ **Ginger Class (18months - 3years)**

☐ 5days (M - F) ☐ 3days (M, W, F) ☐ 2days (T, Th)

☐ Early Bird Care (8:00am - 8:45am)

☐ Afternoon Club (Until 6:00pm)

☐ **Kukui Class (12months - 18months)**

☐ 1/2 day program

☐ 5days (M - F) ☐ 3days (M, W, F) ☐ 2days (T, Th)

☐ 1day (Please indicate - M.T.W.Th. F)

☐ Full day program

☐ 5days (M - F) ☐ 3days (M, W, F) ☐ 2days (T, Th)

☐ 1day (Please indicate - M.T.W.Th. F)

☐ Early Bird Care (8:00am - 9:15am)

☐ Afternoon Club (Until 4:00pm)

Additional Information :

- Language spoken at home : _____
- Student's knowledge of English. : ☐ None ☐ Limited ☐ Fluent
- Has your child had any serious accidents or illness ? (If yes, please specify.) _____
- Does your child have any allergies ? (If yes, please specify.) _____
- Is your child currently under medical treatment ? (If yes, please specify.) _____
- Does your child have any hearing, vision and/or speech difficulties ? (Please specify.) _____
- Any other problems ? (Please specify.) _____
- Toilet training. : ☐ None ☐ Limited ☐ Trained
- Does your child nap ? : Yes When ? (: - :) / No
- Has your child previously attended a Preschool ? : _____

Regulations :

Registration fee, and tuition fees are non-refundable.

I agree to submit a written request to change my child's schedule.

Unpaid tuition fees when taking a leave of absence will not guarantee your child's space.

Rainbow International Montessori School will not be responsible to administer medication to your child.

I authorize Rainbow International Montessori School to seek emergency medical attention for my child. if needed.
I have read the policies of Rainbow International Montessori School and agree to abide by the requirements herein.

Parent's Signature :

_____ _____

Parent's Name in Block Print Parent's Signature / Date