

13922 Schmidt Road  
 Cypress, TX 77429  
 281-890-7498

**Building Rainbows Day School**  
 A Terrific Place for Children to Grow and Play!

Application

Child's Name:	Age:	Birthdate:	Child's Home Phone:
Child's Address:	City:	Zip:	Subdivision:
Email Address (enter email checked most often)	Alternate Email		Director's signature and date:
Parent or Guardian's Name:	Address (if different from child's):		Hours child will be in care:
<hr/>			
Father:	Driver's Lic. #:	Home Phone:	
Address:	Soc. Sec. #:	Work Phone:	
Employer:	Occupation:	Mobile Phone:	
<hr/>			
Mother:	Driver's Lic. #:	Home Phone:	
Address:	Soc. Sec. #:	Work Phone:	
Employer:	Occupation:	Mobile Phone:	
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Guardian:	Driver's Lic. #:	Home Phone:	
Address:	Soc. Sec. #:	Work Phone:	
Employer:	Occupation:	Mobile Phone:	

**Special custodial arrangements that we need to be aware of:**

Please list the names of people who you authorize to take your child from our school or who we can contact in case of an emergency, **IF YOU CANNOT BE CONTACTED.** *Children will not be allowed to leave with anyone other than those with authorization from the parent or guardian.*

	1.	2.	3.
Name:			
Driver's License #			
Address			
Mobile #			
Home/Alternate #			
Relationship:			

I understand that I must **notify** the school **in writing** if there are any changes to the above information.

**Please  
Initial:**

1.  **I have toured** Building Rainbows' facility with \_\_\_\_\_.
2.  **I have provided** the school with a copy of my child's current immunization records. Immunization records must be on file before a child can be admitted to our program.
3.  **A statement signed by our physician** is on file and establishes fitness for participation in a school program. Any health issues, allergies or special needs have been noted on page 2 of this application.
4.  **Permission is hereby given for my child to use the play equipment.** In the event of accidental injury on the playground, I agree to hold Building Rainbows, its administration and/or staff, harmless from all liability for injuries which my child may receive while playing. *I authorize Building Rainbows' Director and/or Responsible Employee to secure medical services for my child and I agree to pay, either directly or through my personal health and accident insurance policy, all expenses related to medical services. These expenses include, but are not limited to, doctor visits, medical procedures, and hospital visits.*
5.  **Permission is hereby given for Building Rainbows to photograph/videotape** my child while participating in activities of the school. I understand that the photographs may be used in marketing, promotional or press materials including the web site, brochures and photo collages.
6.  **I understand that my child's tuition is** \_\_\_\_\_ per week and that tuition is posted to accounts on a weekly basis. Weekly tuition payments are due on Monday of each week. Monthly tuition payments are due on the first Monday of the month and are calculated based on the number of weeks in each month. Annual Supply/Equipment fee will be due in full by October 1st for fall enrollment or two months after enrollment date.
7.  **I prefer to pay tuition on a** \_\_\_\_\_ weekly \_\_\_\_\_ monthly basis (please check one). **Enroll my child in the** \_\_\_\_\_ 12 month year-round program \_\_\_\_\_ 9 month Cy-Fair ISD school year. (please check one)
8.  **I have received copies** of the Parent Handbook, current school year calendar, fee information, tuition due dates, policies regarding returned checks, late charges, withdrawal, and vacation policy.
9.  **I understand and agree that I will give two weeks notice, in writing, of permanent withdrawal** from Building Rainbows' program. I understand that Building Rainbows reserves the right to charge two week's tuition if notice is not given on time.
10.  **I understand that I will be providing my child's lunch** and that Building Rainbows is not responsible for its nutritional value or for meeting the child's daily food needs.
11.  I understand that if tuition is not paid on the day that it is due, a late fee of \$5.00/day will be added to the amount due. An account that becomes past due may also be subject to a 1.5 %/month charge on any balance that is outstanding. Accounts two weeks in arrears may result in immediate termination of enrollment. In the event your account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and legal fees associated with the collection of your account.
12.  **I understand that tuition payments are due in advance with no deductions for absences or holidays.** We offer a limited number of spaces in each classroom to consistently maintain a low child/staff ratio. We depend entirely on the fees we charge to maintain our school—we receive no subsidies.

**We require the signatures of both parents, custodial parent(s) or legal guardian(s).**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Do you have information regarding your child's health which we should be aware of (I.e.) allergies, a current health concern, previous serious illness, injury during the past 12 months, medication prescribed for long-term continuous use, asthma, reaction to ant bites ?

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I give Building Rainbows School (Director or Supervising Staff) permission to give my child emergency care and first aid when necessary. I also give permission for my child to be transported by ambulance or emergency medical vehicle to an emergency medical facility. I authorize ambulance/rescue squad personnel and hospital emergency room personnel to examine and administer emergency treatment, if warranted.

Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Allergies \_\_\_\_\_ Daily Medications \_\_\_\_\_  
 Last tetanus \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

1. **TRANSPORTATION:** I hereby  give  do NOT give my consent for my child to be transported and supervised by Building Rainbows Staff.  *On Field Trips*  *To and From Public School*

*I understand that notice will be given prior to on-site/off-site events and there may be an extra fee required for these events. I also understand that my child will be expected to behave according to expectations as described in the Parent Handbook in order to participate in events requiring transportation by Building Rainbows.*

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

2. **WATER ACTIVITIES:** I hereby  give  do NOT give my consent for my child to participate in water play activities involving wading pools 6"-8" depth.

\_\_\_\_\_  
 Parent Signature

3. **MY SCHOOL AGE CHILD ATTENDS:**

**NAME OF ELEMENTARY SCHOOL:** \_\_\_\_\_

**SCHOOL'S PHONE #:** \_\_\_\_\_

**My child's immunization record is on file at the school and all immunizations and T.B. test results are current.**