

RAINBOW SCHOOL APPLICATION 2009-10



CHILD'S NAME: _____ DATE: _____

AGE: ____ Years ____ Months DATE OF BIRTH: ____ Month ____ Day ____ Year

HOME PHONE: _____ SEX: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY _____

Will you be living in Escondido Village while your child is enrolled in the program? _____

Which country/countries is your family from? _____

What is your child's first language? _____

PARENT/GUARDIAN'S NAME: _____

Mother____ Father____ Other_____ STANFORD AFFILIATED? _____

DEPARTMENT/EMPLOYER: _____

E-MAIL: _____ WORK PHONE: _____

PARENT/GUARDIAN'S NAME: _____

Mother____ Father____ Other_____ STANFORD AFFILIATED? _____

DEPARTMENT/ EMPLOYER: _____

E-MAIL: _____ WORK PHONE: _____

ENROLLMENT REQUEST (Mark in order of preference, 1 being the first choice):

Full Day Program: _____ 5 DAYS (Monday through Friday)
(9:00-3:00)

_____ 3 DAYS (Monday, Wednesday, & Friday)

_____ 2 DAYS (Tuesday & Thursday)

Half Day Program: _____ 5 DAYS (Monday through Friday)
(9:00-12:00)

_____ 3 DAYS (Monday, Wednesday, Friday)

_____ 2 DAYS (Tuesday, Thursday)

Please indicate the quarter and year you wish to enroll your child or when your child will turn 2 yrs. /9 months:

FALL 2009 _____ WINTER 2009/10 _____ SPRING 2010 _____ SUMMER 2010 _____
FALL 2010 _____

Mail completed application form and \$25.00 application fee to:
Shelley Gonzales, Director
Rainbow School, 845 Escondido Rd., Stanford, CA 94305
(Please make checks payable to: Rainbow School)
For more information call: (650) 723-0217
Email: smgonzal@stanford.edu
Fax: 650-723-4980

OFFICE USE ONLY

Amount Paid \$ _____	Check # _____	Date _____
Receipt: Mailed _____	in person _____	Updated _____
Tour Date: _____		