

Rainbow Land Enrollment Intake Form

Date	
Parent/Guardian's Name	
Parent/Guardian's Phone Number	
Parent/Guardian's Email Address	
Child's Name	
Child's Date of Birth	
What days will your child need care?	M T W Th F Unsure 1 2 3 4 5
What hours will your child need care?	Arrival: _____ Departure: _____
Duration of Service	Year Round Summer Only Academic Year Only
Potential Start Date	
Private Pay or Child Care Assistance?	PP CCA-need approval notice prior to start date
Interested in Preschool?	Yes No Maybe Unsure Current Year or Future
<p>Interested in:</p> <p><input type="checkbox"/> More information to be send via email (handbook, rates, etc)</p> <p><input type="checkbox"/> Picking up an enrollment packet</p> <p><input type="checkbox"/> Having an enrollment packet emailed</p> <p><input type="checkbox"/> Setting up a tour</p>	
<p>Follow-up:</p> <p><input type="checkbox"/> Requested documents sent via email on: _____</p> <p><input type="checkbox"/> Enrollment packet picked up on: _____</p> <p><input type="checkbox"/> Tour completed</p>	
<p>How did you hear about us?</p> <p><input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Advertisement</p> <p><input type="checkbox"/> Referred by: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Other:</p> 	