



**Over The Rainbow Child Development Center**  
 146 Route 130  
 Bordentown, NJ 08505  
 (609) 291-0800 (p)  
 (609) 291-0611 (f)  
 Overtherainbowcdc.com

**2017-2018 Enrollment Application**

Today's Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: \_\_\_Mother \_\_\_Father \_\_\_ Both Parents Other \_\_\_\_\_

**Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Work and Cell: \_\_\_\_\_/\_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Parent/Guardian # 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Work and Cell: \_\_\_\_\_/\_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Program Attending:** \_\_\_\_\_ **Room** \_\_\_\_\_ **Circle Days Attending:** \$ \_\_\_\_\_

Full Time	6:30 am to 6:30 pm .....	M	Tu	W	TH	F
Half Day:	Morning Afternoon .....	M	Tu	W	TH	F
Before School	6:30am to 9:00 am .....	M	Tu	W	TH	F
After School	until 6:30 pm .....	M	Tu	W	TH	F
Before & After School	.....	M	Tu	W	TH	F

**Expected start date:** \_\_\_\_\_

School Child Attends (School Age students only): \_\_\_\_\_ Grade: \_\_\_\_\_

Registration Fee: \$75 _____ received	Paid: \$ _____	Cash/Check# _____
Tuition Paid: \$ _____	Cash/Check# _____	Date: _____ Monthly/BiWeekly