



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

Enrollment Application

Today's Date: _____

Child's Last Name: _____ Child's First Name: _____

Date of Birth: ___/___/___ Gender: Male / Female

Home Phone: _____ Ethnicity: _____

Address: _____ City: _____ State: _____ Zip: _____

Child lives with: ___ Mother ___ Father ___ Both Parents Other _____

Parent/Guardian #1

Last Name: _____ First Name: _____

SSN#: _____ Work #: _____ Cell #: _____

Employer: _____ Email: _____

Employer's Address: _____

Parent/Guardian # 2

Last Name: _____ First Name: _____

SSN#: _____ Work #: _____ Cell #: _____

Employer: _____ Email: _____

Employer's Address: _____

Program Attending: _____ Room

Circle Days Attending:

Expected start date: _____

M	Tu	W	TH	F
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Full Time: _____ am-_____ pm

Before School: 6:30 am to 8:45 am

After School: 3:15 pm 6:30 pm

Before & After School

School Child Attends (School Age students only): _____ Grade: _____

Private Payee: _____	Subsidy Payee: _____
Registration Fee: \$100.00 received	Paid: \$_____ Cash/Check# _____
Security Deposit Fee: \$300.00 received	Paid: \$_____ Cash/Check# _____
Tuition Paid: \$_____ Cash/Check# _____	Date: _____ Monthly _____