

RAINBOW

Reading Development Center, Inc.

700 E. Calhoun Street – Thomasville, Georgia

Tel. (229) 228-7744 – E-mail: halls@mchsi.com: Website: rainbowreadingcenter.org

Admission Application

Today's Date _____

Child Name _____ Date of Birth _____

Child Address _____ Teacher _____

Home Tel. # _____ School _____ Present Grade _____

Mother Name _____ Cell Phone _____

Mother Employment _____ Work Phone _____

Father Name _____ Cell Phone _____

Father Employment _____ Work Phone _____

Contacts In Case of Emergency:

1st Name _____ Phone _____ Relationship _____

2nd Name _____ Phone _____ Relationship _____

List information we need to know about your child (seizures, asthma, no sweets, etc.)

How would you want us to treat your child in the event of an emergency?

I give Rainbow Reading Center permission to use my child's name and/or picture for advertisement (newspaper, TV, website, grants, brochures, etc.); and I give my permission to transport my child.

Parent Signature

“Tomorrow's Success Begins With Reading Today”