



Rainbow Schools Enrollment Application

Date: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Date of Birth: _____

Employer Name: _____ Occupation: _____

Bus. Phone: _____ ext. _____ Cell Phone: _____

Father's Name: _____ Date of Birth: _____

Employer Name: _____ Occupation: _____

Bus. Phone: _____ ext. _____ Cell Phone: _____

Child's Physician: _____ Phone: _____

Medical Insurance Carrier _____ Policy#: _____

Allergies: _____

Please circle below which school you are interested in applying.

Kahuku Kaneohe Honolulu Mililani Wahiawa

Tuition payment source:

Parent _____ DHS _____ Preschool Open Doors _____ First-to-Work _____

Pauahi Keiki Scholars _____ Keiki O Ka Aina _____ Federal _____

Please mail, email or fax the completed application directly to the school you are applying to. Each school's Director will contact you regarding enrollment.

NOTE: Due to the COVID-19 pandemic, program hours for each school has changed due to increased health and safety requirements.

For Office Use ONLY

Date Application Received: _____

SY: _____ Waitlist: _____ Enrolled: _____

Contact date: _____ Name of Parent Contacted: _____ By: Email Phone In Person