

Arco Iris Bilingual Children's Center Registration Form			Date Child Entered Care	Date Child Left Care
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Child's Name Last	First	Middle	Name (Nickname) Used	Birth Date
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Street Address	City	Zip Code
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Parent/Guardian #1 Name	Home Phone # () -	Cell Phone # () -	Alternative Phone # () -
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Street Address	City	Zip Code
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Address where you can be reached while child is in care	City	Zip Code
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Parent/Guardian #2 Name	Home Phone # () -	Cell Phone # () -	Alternative Phone # () -
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Street Address	City	Zip Code
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Address where you can be reached while child is in care	City	Zip Code
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IFSP/IEP, Enrollment Confirmation, and Payment

Arco Iris welcomes everyone! For this reason we would like to know if your child has been diagnosed IFSP/IEP. If so, are you willing to provide a copy of his/her records? Circle One: **YES / NO**

Please enroll my child(ren) at Arco Iris Bilingual Children's Center. I agree to pay the registration fee of \$50.00, follow the rules in the Parent Handbook, as well as pay the weekly rate of \$_____ **to be paid bi-weekly or monthly.**

Parent/Guardian #1
Email: _____

Date

Parent/Guardian #2
Email: _____

Date

Carolina Reyes
Director, Arco Iris Bilingual Children's Center