

FORM #12
Please complete
and return
ASAP

RAINBOW MONTESSORI SCHOOL
4 Madison Avenue | Madison, NJ 07940 | 973-377-0135
Academia and The Arts: Perfect Together



EMAIL ADDRESS FORM

Please help us in our effort to eliminate the use of paper. Rainbow will be using e-mail to distribute registration forms, parent notices, newsletters, etc.

PARENT'S NAME _____

CHILD'S NAME _____ COLOR GROUP _____

PLEASE PRINT CLEARLY TO ENSURE THAT WE HAVE YOUR CORRECT E-MAIL ADDRESS!

E-MAIL ADDRESS: _____

I give Rainbow Montessori School permission to release my e-mail address internally for school related business and social activities.

____ YES ____ NO PARENT'S SIGNATURE _____ DATE _____