

Rainbow Road Preschool



School address: 716 S. Glebe Rd
Mailing address: PO Box 40501 Arlington, VA 22204

Phone 571-225-9189
Email info@RainbowRoadPreschool.com

PLEASE PRINT CLEARLY **REGISTRATION FORM 2018-2019 School Year** DATE _____

Child's Name _____ Nickname _____

Street Address _____

City, State, Zip _____

Home Phone # _____ Age _____ Gender _____ Birth Date _____

Father's Name _____ Office/Work Phone _____

Email _____ Cell Phone _____

Mother's Name _____ Office/Work Phone _____

Email _____ Cell Phone _____

In case of emergency, notify _____
(if other than parent)

Registration Fee \$175.00

Craft Fee \$60.00

Please make checks payable to **Rainbow Road Preschool** Fees are non-refundable

You may return this form with the Registration Fee to the above address.

Brothers/Sisters

Name _____ Birthday _____ Name _____ Birthday _____

Name _____ Birthday _____ Name _____ Birthday _____

Does your child have any health problems, allergies, or special needs? Yes _____ No _____
(Please explain any "yes" answers on the back or on an additional page.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Pursuant to State law we will provide you with Physical Examination/Immunization Forms to be completed by your child's physician.
State law also requires you to provide proof of identity and age (birth certificate, passport, etc) at enrollment.

For Office Use

Reg Pd _____ Tuition _____
Craft Pd _____ Start Date _____

Parent Signature