

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

SUMMER CAMP REGISTRATION FORM

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 _____ Cell # _____
(if other than parent)

Please make checks payable to **Rainbow Road Preschool** Registration Fee \$50 (non-refundable)

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

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 new students must provide Physical Examination/Immunization Form completed by your child's physician.
State law also requires new students to provide proof of identity and age (birth certificate, passport, etc) at enrollment.

My child plans to attend the summer program

All 5 weeks 4 weeks 3 weeks 2 weeks 1 week