

# 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](mailto: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.

Please circle the weeks your child plans to attend the summer program:

June 21      June 28      July 5      July 12      July 19      July 26