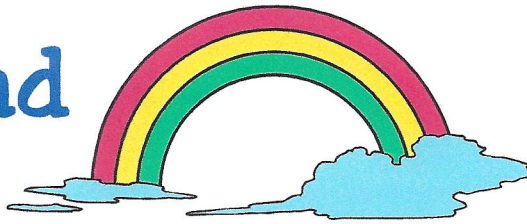


# Rainbow Road Preschool



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 \_\_\_\_\_ Sex \_\_\_\_\_ 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.)

**Which days would you like your child to attend?**

Monday	Tuesday	Wednesday	Thursday	Friday

**Classes begin Tuesday, July 5<sup>th</sup> and run thru Friday, July 29<sup>th</sup>.**

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.