

# Rainbow Road Preschool



School address: 2217 Columbia Pike  
Mailing address: PO Box 40501 Arlington, VA 22204

Phone 571-225-9189  
Email [info@RainbowRoadPreschool.com](mailto:info@RainbowRoadPreschool.com)

PLEASE PRINT CLEARLY **REGISTRATION FORM 2025-2026 School Year** DATE \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Age \_\_\_\_\_ Circle M / F 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**

**Fall Term 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 mailing 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
<b>Arrival Time</b>					
<b>Departure Time</b>					

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