

Rainbow Road

Preschool



Arlington Community Church
6040 Wilson Blvd.
Arlington, VA 22205

703-533-9874
703-533-9874

Classroom
Church Office

Registration Form

2009-2010 School Year

Child's Name _____ Nickname _____

Address _____

City, State, ZIP _____

Age _____ Gender _____ Birth date _____
(Include birth year)

Father's Name _____ Office/Work Phone _____

Mother's Name _____ Office/Work Phone _____

Home Phone Number _____ E-mail Address _____

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

Registration Fee: \$175.00

Brothers/Sisters

Name _____ Birthday _____ Name _____ Birthday _____

Name _____ Birthday _____ Name _____ Birthday _____

Does your child have any health problems, allergies or special needs? (Please explain on the reverse or on an additional sheet if necessary.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive (Time)					
Depart (Time)					

Please return this form with the \$175.00 Registration Fee to the above address.

Pursuant to requirements of Virginia law, upon acceptance to the school, we will provide you with Physical Examination forms for your child's physician to fill out, and we need proof of identity and age (birth certificate, passport, etc.). Thank you.

Birth Certificate or Passport # _____