

Rainbow Academy for Little Scholars
1240 Grenoble Road
Ivyland, Pennsylvania 18974
www.rainbowacademypreschool.com
215-355-6498

Application for Enrollment 2017 Camp Season

Application Date _____

Date Starting _____

Child's Last Name _____ First Name _____ (Nickname) _____ Boy Girl
Circle One _____ Birth Date _____

Address (include street, city, and zip code) _____ Parent E-Mail Address _____ Telephone Number _____

Parent/Legal Guardian's Name _____ Occupation _____ Business Address _____ Telephone Number _____ Cell Phone Number _____

Parent/Legal Guardian's Name _____ Occupation _____ Business Address _____ Telephone Number _____ Cell Phone Number _____

Name of Emergency Contact (other than parent) _____ Address and Telephone Number _____

Name of Child's Physician _____ Telephone Number _____

Special Concerns for Child: Physical Disability, Hearing, Vision Problems, Language Delay, Allergies, etc. _____

List Names and Ages of Other Children in the Family _____

If one parent is not residing with your child, please list his/her address and telephone number. _____

List any person other than mother or father to whom your child may be released. _____

List any person who may NOT take your child from the camp property. _____

If under the age of 5, does your child attend a pre-school or playgroup? If yes, where? _____

Is your pre-schooler toilet trained? Yes ___ No ___ Do you want your pre-schooler to nap at camp? Yes ___ No ___

If older, what elementary school does your child attend? _____ Grade _____

How did you learn about Rainbow Academy? _____ Whom may we thank? _____

We will *try* to honor requests for certain friends to be together. Please let us know if you wish for your child to be with someone special (limit two friends): _____

Please read the parental agreement below (and on the back side) and sign in the designated spaces:

Parental Agreement

1. I agree to have my family physician fill out the required health forms before the beginning of camp.
2. I give my consent to have my child transported to and from camp, and also on field trips by Rainbow Academy staff.
3. I understand that my child will only be released to those designated on this form. Any changes must be made in writing.
4. Rainbow Academy provides services and admission without regard to race, color, religion, ancestry, sex, disability, age or national origin.
5. I give permission for the school to use a photo of my child for media or advertisement purposes.

6. A \$250 deposit is due with the Application for Enrollment form. I agree to pay the tuition when due. Deposits are refundable only if Rainbow Academy is notified of cancellation before May 1, 2017. Total tuition is due by May 1, 2017. No allowance will be made for the early withdrawal of a camper or any interruption in the 2017 camp season. The Directors reserve the right to cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or the camp, in which case the unused tuition will be refunded.
7. The camp is not responsible for a child's equipment or personal belongings, while in transit or in camp. The camp will make every effort to provide proper supervision so that losses will be at a minimum.
8. I give permission for Rainbow Academy nurse to administer prescription medications as instructed by my family physician or non-prescription medications as instructed by a parent. Prescriptions must be in the original container.
9. I give permission for my child to be treated at an emergency room in case of accident, or illness at camp.
10. Camp will be closed on July 4.
11. In the event that I, the parent, hire Rainbow Academy staff for outside child care service, I agree that these services are not related to Rainbow Academy or its owners/directors. With respect to outside child care services, I release and discharge Rainbow Academy, and their present or former officers, employees, directors (in their individual and corporate capacities) from all claims, demands, liabilities, actions or causes which I may have a claim at any time in the future based in whole or in part of or arising out of related outside child care services.

Parent/Legal Guardian's Signature _____

Rainbow Academy Summer Camp Programs Offered for 2017:

Circle program: 8 weeks (6/26 – 8/18) First 4 weeks (6/26 – 7/21) Second 4 weeks (7/24 – 8/18)
 (All dates subject to change due to school calendars)

5% discount will be applied for any application received with a deposit of \$250 before Jan 15, 2017
 10% discount is given for a sibling with lesser tuition.
 Please check (X) the appropriate program for your child:

The programs below are listed as Monday through Friday

	8 Weeks	(X)	4 Weeks	(X)
Full Day Program 8:45 – 2:00	\$2585	()	\$1525	()
Full Day Program 8:45 – 3:30	\$2810	()	\$1685	()
Full Day Program 7:00 – 6:00	\$3370	()	\$1985	()

Rainbow Academy offers limited openings for two or three day enrollments.
 Please circle the days you wish your child to attend: M T W Th F
 Please check (X) the appropriate program for your child:

	8 Weeks	(X)	4 Weeks	(X)
Full Day Program 8:45 – 2:00	2 Days - \$1540	()	2 Days - \$925	()
	3 Days - \$2020	()	3 Days - \$1215	()
Full Day Program 8:45 – 3:30	2 Days - \$1710	()	2 Days - \$1025	()
	3 Days - \$2220	()	3 Days - \$1330	()
Full Day Program 7:00 – 6:00	2 Days - \$2015	()	2 Days - \$1210	()
	3 Days - \$2620	()	3 Days - \$1565	()

The cost for 1:1 supervision is \$15/hour additional to the program tuition.

Toddler Program

Our nurturing and exciting toddler program is offered for children ages twelve to thirty months.
 Please circle the days you wish your child to attend: M T W Th F
 Please check (X) the appropriate program for your child:

	4 Weeks	(X)	8 Weeks	(X)
2 Days 8:45 – 3:30	\$610	()	\$1220	()
2 Days 7:00 – 6:00	\$730	()	\$1460	()
3 Days 8:45 – 3:30	\$910	()	\$1820	()
3 Days 7:00 – 6:00	\$980	()	\$1960	()
5 Days 8:45 – 3:30	\$1225	()	\$2450	()
5 Days 7:00 – 6:00	\$1310	()	\$2620	()

Snacks are provided at camp. A catered lunch is optional for purchase at an additional rate of:
 \$220 for 8 weeks – If desired, please check (X) ____
 \$110 for 4 weeks – If desired, please check (X) ____

Extended hours are billed at a rate of \$11.50/hour for times before or after program hours.

