

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

Application for Enrollment - 2017 Camp Season

Rainbow Connections – a program fostering “connections” between children and the people in their lives

Application Date _____

Date Starting _____

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

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

Parent/Guardian's Name _____ Occupation _____ Business Address _____ Telephone _____ Cell Phone Number _____ E-mail Address _____

Parent/Guardian's Name _____ Occupation _____ Business Address _____ Telephone _____ Cell Phone Number _____ E-mail Address _____

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

Name of Child's Physician _____ Telephone Number _____

Special Needs of Child: Seizure Disorder, Physical Disability, Hearing, Vision Problems, Language Delay, Allergies

Does your child take medication? for what reason? Will your child require a dose while at Rainbow Academy? A form must be filled out for dispensing.

If one parent is not residing with your child, and you want him/her to receive mailings, please list his/her address and telephone number.

List any person other than parent/guardian listed above to whom your child may be released.

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

Where does your child attend school? _____ Please enclose a CER and/or IEP with application.
Does your child have any special fears or unique needs that we should know about? Is your child toilet-trained?
Please reflect and write a few notes describing your child:

Please read the parental agreement below 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, religious creed, 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. 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.
7. 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
8. 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.
9. 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.
10. I give permission for my child to be treated at an emergency room in case of accident, illness, or injury at camp.
11. In signing this agreement, I understand that all support staff for my child will be hired directly by Rainbow Academy; ESY service (including speech, OT; PT) therapies will be hired by Rainbow Academy or a school district.
12. Camp will be closed on July 4.

Parent/Guardian Signature _____

**Rainbow Connection Summer Program
2017 SUMMER CAMP TUITION RATES
8:45 AM – 3:30 PM**

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

Please check the appropriate program for your child: 2017 Season.

A sibling discount of 10% is offered off of the lesser tuition.

A 5% discount is offered for any enrollment form received with a deposit of \$250 prior to Jan 15, 2017.

	8 Weeks (X)	4 Weeks (X)	2 Weeks (X)
Program for Ages 6-10	\$3960 ()	\$2375 ()	\$1420 ()
Program with 1:1 Aide Support	\$7900 ()	\$4300 ()	\$2415 ()

Speech/Language Therapy, Occupational Therapy, and Tutoring are available at camp for an additional fee. Please speak to a director for more information on these services.

Snacks are provided at camp at no additional cost.

An optional lunch program is provided at an additional cost. A lunch menu calendar will be provided at the beginning of the summer. No changes can be made to the lunch menu for special diets. Please check below if you desire lunch.

8 weeks - \$220 () 4 weeks - \$110 () 2 weeks - \$55 ()

A deposit of \$250 must accompany each application. The balance of tuition is due on May 1, 2017.

Extended hours are billed at a rate of \$12/hour for times before or after program hours.

If transportation is desired, please check: 8 weeks: \$1450 () 4 weeks: \$860 ()

Please Note: We cannot guarantee door-to-door transportation. If the driver cannot come to your house, every effort will be made to find a suitable meeting place for you to meet the van or car. Please consider this before registering for camp transportation.

Closest Intersection to Pickup Point: _____