

APPLICATION FOR "AFTER THE RAINBOW CLUB" - 2026

Name of child \_\_\_\_\_ Child's birthdate \_\_\_\_\_

Complete address including zip code, apt. #, etc. \_\_\_\_\_

Mother or Legal Guardian's name \_\_\_\_\_

Father or Legal Guardian's name \_\_\_\_\_

Mother's complete home address including Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_

Mother's complete business name & address including zip code \_\_\_\_\_

Business Phone # \_\_\_\_\_

Father's complete home address including zip code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_

Father's complete business name & address including zip code \_\_\_\_\_

Business Phone # \_\_\_\_\_

\_\_\_\_\_ (closing at 5:30 pm)  
**AM contracted arrival time for child**      **PM contracted departure time for child**

Name & complete address of person to contact in an emergency if parents are not available  
(Must be within 30 minutes of Rainbow Express)

Phone # \_\_\_\_\_

Name & complete address of child's physician or source of medical care \_\_\_\_\_

Phone # \_\_\_\_\_

Special needs or disabilities, if any? \_\_\_\_\_

Special medical/dietary information necessary for management in an emergency? List allergies, medications, special conditions. \_\_\_\_\_

List any additional information or special care needs of the child. \_\_\_\_\_

Name of health insurance coverage for child under family insurance policy or medical assistance benefits      Policy # \_\_\_\_\_

**Grade child will be completing this year** \_\_\_\_\_

Name of school child attends \_\_\_\_\_ Name of school district \_\_\_\_\_

**A non-refundable application fee of \$50.00 for each camper is due with application form regardless of the number of sessions which he/she will attend. Upon registration, a \$25.00 payment for each session will be due. The \$25.00 deposits will be credited toward your ATRC tuition account at the beginning of the session. All deposits are non-refundable and due upon registration. If you have an outstanding balance it must be paid in full before your application will be accepted.**

I give my permission for the staff of Rainbow Express and for the monitoring staff from the Department of Human Services, and Department of Education, to have access to my child's file. I understand that I may have access to my child's records at any time and I may request addition or deletion of information if I feel either is appropriate and necessary.

Mother / Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ and/or Father / Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Referred by: \_\_\_\_\_