

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 #

AM contracted arrival time for child

PM contracted departure time for child

(closing at 5:30 pm)

Name & complete address of person to contact in an emergency if parents are not available

Phone #

(Must be within 30 minutes of Rainbow Express)

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: _____