



REGISTRATION FORM

Camper #1 _____ Sex _____ Birthdate _____

Grade in September _____ School _____

Camper #2 _____ Sex _____ Birthdate _____

Grade in September _____ School _____

Home Address _____ City _____ Zip _____ Hm Phone _____ Cell _____

Mother's Name _____ Day Phone _____ Email _____

Father's Name _____ Day Phone _____ Email _____

Emergency Contact _____ Phone _____

Pediatrician _____ Phone _____

SESSION 1 June 20- July 8, 2016
SESSION 2 July 11 - July 29, 2016
EXTENDED HOURS 3:00 P.M. - 5:00 P.M.

3 DAY
\$810.00
\$ 90.00

4 DAY
\$1080.00
\$ 120.00

5 DAY
\$1350.00
\$ 150.00

~ Circle all choices ~

Camper	Session	Days
#1	1 2	M T W Th F
#2	1 2	M T W Th F

Please make checks payable to Rainbow Camp and mail to:
RAINBOW CAMP
 149 S. Barrington Ave.
 Los Angeles, CA 90049

ENCLOSED:

- \$100.00 deposit for each child.
- FULL PAYMENT
- ~ Deposit is non-refundable ~**

HEALTH INFORMATION MUST BE COMPLETED BEFORE APPLICATION CAN BE ACCEPTED.

Does your child have any special health problems? Allergies? Yes No If yes, please describe below:

#1 _____ #2 _____

Date of last doctor visit: #1 _____ #2 _____

Specific immunization dates #1 DIPHTHERIA POLIO TETANUS MEASLES MUMPS

#2 DIPHTHERIA POLIO TETANUS MEASLES MUMPS

Do you want any activities omitted? #1 _____ #2 _____

Do you have any special grouping requests? #1 _____ #2 _____

Tell us about your child (likes, dislikes, fears, special interests or skills). _____
