



## PROVIDER CERTIFICATION

TAX IDENTIFICATION NUMBER: 54-1507485

This is to certify that \_\_\_\_\_ was cared for at

Rainbow Station, a licensed child care facility, from \_\_\_\_\_ to \_\_\_\_\_  
Date

\_\_\_\_\_. The fee for this care was \$ \_\_\_\_\_.

Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RAINBOW STATION, INC.  
4551 Cox Road, Suite 310  
Glen Allen, VA 23060

RS-124

[www.rainbowstation.org](http://www.rainbowstation.org)

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