



**RAINBOWS For All God's Children  
Registration Form - Winter 2012**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip code

Phone: \_\_\_\_\_ email \_\_\_\_\_

Name of child \_\_\_\_\_  
First Last

Child's Age \_\_\_\_\_ Child's Grade \_\_\_\_\_

Name of child \_\_\_\_\_  
First Last

Child's Age \_\_\_\_\_ Child's Grade \_\_\_\_\_

Name of child \_\_\_\_\_  
First Last

Child's Age \_\_\_\_\_ Child's Grade \_\_\_\_\_

What loss (death, separation, divorce) is your child(ren) experiencing?  
When did this take place? Is there anything else the facilitator should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is important to come for the six sessions. In case of illness please call by 5:30 PM to report that you will not be coming.

I commit to bringing my child/children to the sessions.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

RAINBOWS Participant Emergency Information Form (Please Print)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

If your address is not the same as above please, please provide:

Address \_\_\_\_\_  
Street City State Zip Code

Person(s) we can call in case of emergency when you are not available:

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Allergies/Medical information regarding your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information you would like us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has permission to pick up your child: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_