

RAINBOWS REGISTRATION

Please Print

CHILD INFORMATION: (please fill out a separate form for each child)

Childs' Name: _____ Sex: _____ Age: _____
Address: _____
City: _____
Postal Code: _____ Home Phone: _____
Name of School Currently Attending: _____
Grade: _____

PARENTAL/GUARDIAN INFORMATION: (residential/custodial parent)

Parents Name: _____
Guardian: _____ Relationship to Child: _____
Address: _____ City: _____
Postal Code: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Would you like to participate in **PRISMS** – the parent support group that follows the same topics your child will be covering? It will take place during the Rainbows class time.

Yes ___ No ___

WHY IS YOUR CHILD COMING TO RAINBOWS?

Death: ___ Date of Death: _____
Divorce: ___ Date of Divorce: _____
Blended Family: ___
Separation: ___
Other: (Please Specify) _____

Briefly describe your families current circumstances:

Has your child received any individual counseling or therapy?

How do you hope Rainbows will help your child?

Is your child able to participate in a group setting appropriately?

EMERGENCY CONTACTS:

First Name: _____ Last Name: _____
Relationship to Child: _____
Phone Number: _____

ALLERGY INFORMATION:

Does your child have any allergies or medical information we should be aware of? (there will be a snack provided at Rainbows)

Who has permission to pick up your child?

Relationship: _____

Parent / Guardian Signature: _____

Date: _____