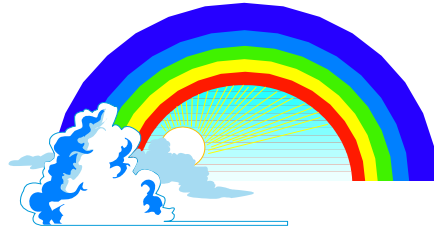




# Looking for participants for RAINBOWS



*St. Paul the Apostle Parish is now taking registration for the Winter 2010 Session of Rainbows.*

*Rainbows* is a peer support group for children who have lost a significant person in their life due to death, divorce or separation. There is an adult facilitator for each of the levels. Each level has three to eight children in the group. Levels (primary, intermediate, junior high) will depend on the number of children. Each level must have at least three participants.

**Register before January 2, 2010.**

Sessions are on **Wednesdays** from 6:30 – 7:30 PM.

January 6, 2010

January 13

January 20

January 27

February 3

February 10

Enter school through the front door facing Woodlawn (by the flagpole). You may park in the circular drive or on the street.

Download the registration form to return or call Sr. Karen Marie for more information.

Please pass this information on to any interested person. Participants do not have to be members of St. Paul's or even be Catholic. There is no cost to this program.

Thank you!

Sr. Karen Marie  
St. Paul the Apostle Parish  
120 Woodlawn Avenue  
Joliet, IL 60435

815-725-6927



***RAINBOWS For All God's Children  
Registration Form - Winter 2010***

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

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

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

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Return before January 2, 2010

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 \_\_\_\_\_