



***RAINBOWS For All God's Children***  
***Registration Form***  
***April- May, 2010 Session***

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 \_\_\_\_\_