

# Rainbows for All Children Registration Form

**Please fill out both sides/pages of this form.**

Family Name: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ (Email address for reminders only. We will not share your email.)

Email for additional parent/guardian Name: \_\_\_\_\_ email \_\_\_\_\_

Phone Numbers: (Please circle phone number to be called with last minute changes due to weather or other circumstances.)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Persons we can call in case of emergency when you are not available:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Who has permission to pick up your child/children (relationship) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What past or current events have impacted your child(ren) so that they are now registering for the Rainbows program (e.g. death, divorce, separation)?

\_\_\_\_\_

\_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_

\*\*\*Please mail completed form to Nisha Sotiroff: 916 Bainbridge Drive Naperville IL 60563.  
nsantha3@gmail.com

Questions? Call Nisha @ 217-649-1671

Name of Child: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Number of years in Rainbows: \_\_\_\_\_ years at St. Raphael \_\_\_\_\_ years at other location

With whom does your child live? \_\_\_\_\_

If child's parents are separated or divorced, how often do they see the parent they are not

living with? \_\_\_\_\_ Name: \_\_\_\_\_

How many siblings does your child have (including step or half siblings)? \_\_\_\_\_

Does child or siblings receive additional therapy outside of Rainbows? \_\_\_\_\_

Does your child have any medical, emotional, or educational needs that we should be aware of in order for your child to get more out of the Rainbows program? If so, are there any strategies or ideas that you can share to help our facilitators make your child more comfortable?

\_\_\_\_\_

\_\_\_\_\_

Does your child have food allergies/restrictions that we need to be aware of? \_\_\_\_\_

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