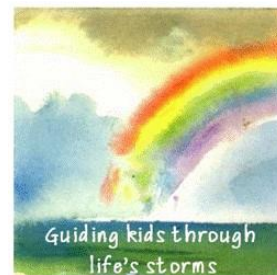


RAINBOWS FAMILY REGISTRATION FORM (Please Print)



Participant's Name: _____

Nickname: _____ Age/Grade: _____ / _____

Participant's Name: _____

Nickname: _____ Age/Grade: _____ / _____

Participant's Name: _____

Nickname: _____ Age/Grade: _____ / _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Parent/Guardian Name: _____

Is your address the same as above? YES NO If no, please provide this information:

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Email address: _____

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 we should be aware of:

Reason for bringing your children to Rainbows/Other pertinent information:

Who has permission to pick up your child? _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Forms can be dropped off at Resurrection Pastoral Center, M-F between the hours of 9 AM and 3 PM, faxed to the parish fax at 630-289-5407 (attn. Lorna Miressi) or sent to Lorna Miressi, 438 Ramona Ave, Elgin IL 60120