

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: _____

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:

Other information you would like us to know:

Who has permission to pick up your child: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____

