

Rainbows Registration Form

Please fill out this form completely and return it to Billie Anderson, Braelinn School Counselor.

Child's name _____

Parents' names _____

Parent phone number _____

Child's teacher _____

Type of loss experienced by the child (please check all that apply).

_____ Death of a loved one

_____ Divorce

_____ Major illness in the family

_____ Parent abandonment

_____ Parent deployed with the military

_____ Other (please explain)

My child _____, has my permission to attend the Rainbows group program at Braelinn.

Parent Signature

Date