



LADYSMITH RESOURCES CENTRE ASSOCIATION

We Help Build Our Thriving Community



**Rainbows for All Children - Registration Form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Needs and/or Medication:

\_\_\_\_\_  
\_\_\_\_\_

Other important information about the child we should know to best support them?

\_\_\_\_\_  
\_\_\_\_\_

(Primary) Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Preferred method of contact: *(please circle)*

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ call (mobile/work), text, or email

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Also send communication to: \_\_\_\_\_ call/text/email: \_\_\_\_\_

What loss/traumatic event(s) have occurred in your family? *(please check all that apply)*

- Death of a loved one
- Parent or family separation and/or divorce
- Foster care experience
- Significant illness or injury, chronic health challenges
- Abandonment or significant loss of relationship
- Moving homes, and/or changing schools
- Incarceration
- Other: \_\_\_\_\_

When did this/these loss(es) occur? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Who has permission to pick up your child from group ?

\_\_\_\_\_