

\$10.00 Donation: Cash _____ Check# _____

Homeroom Teacher/Grade: _____

Yes, my child (or children), _____,
may join the Rainbow Program.

Parent Signature: _____

If your child has been in Rainbows before please indicate grades:

Please indicate how your child qualifies this year:

Divorce _____

Separation _____

Death _____ Of Whom? _____

Other _____

When did this occur? _____

Any confidential information that you would like Ms. Gelardi and your
child's facilitator to know so that they may better understand your
child and/or your child's situation:

PLEASE RETURN THIS FORM ASAP TO SAINT FRANCIS SCHOOL Thank you ☺