



Wetaskiwin Community Learning Program Rainbows Participant Intake Form

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Reading and Writing Grade Level: _____

Parent/Caregiver's Name: _____

Phone Number: _____ Other: _____

Parent/Caregiver's Name: _____

Phone Number: _____ Other: _____

Parent will register for Prism Program? Yes No Maybe

Issue:

Custody Arrangement:

Separation

Sole Custody

Divorce

Joint Custody

Death

Not Yet Determined

Other Loss

N/A

Time frame surrounding issues: Less than 6 months _____

More than 6 months _____

Child's Developmental Information:

Would you describe your child as sociable?

In order for us to better understand your child's needs, it would help us to know if there are any referrals for medical or psychological assessment for diagnosis.



Wetaskiwin Community Learning Program Permission to Participate Form

I give permission for my child _____ to participate in the RAINBOWS program. The custody agreement states I have Sole Custody or Joint Custody of this child.

If there is a joint custody arrangement, permission to participate is required by both parents.

Custodial (Parent Time) Parent Name: _____

Signature: _____ Date: _____

Custodial (Parent Time) Parent Name: _____

Signature: _____ Date: _____