



Please sign and return this form to Mrs. Dunn ASAP. Thank you.

(Signature)

Date _____

Type of Loss (please circle most important category):

Divorce

Death (of whom? _____)

Separation from parent

_____ **Yes**, I give permission for my child, _____,
to participate in the "Rainbows" Program and to be
photographed at the "Celebrate ME" party.

** Is your child in the After School Program? _____

_____ **No**, I do not wish for my child, _____,
to participate in the "Rainbows" Program.