



Return To:

Kids-'n-Kinship
14870 Granada Ave, # 127
Apple Valley, MN. 55124

952-892-6368
Email: jbkinship@aol.com

APPLICATION FOR CHILD

* * * * *
* * * * *

1. Child's Information:

Name: _____ Date of Birth: _____

Height _____ Weight _____ Sex _____ Ethnicity/Race _____

2. Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell _____

e-mail address: _____

3. Parent's Name: _____ Parent Date of Birth: _____

Does this parent have (____sole ____joint) legal custody of the above named child?
If this parent has joint legal custody, it is your responsibility to notify the child's other parent.
Please initial here to indicate the other parent is in agreement to enroll your child. __

4. Parent's Employer: _____

Work Phone: _____ fax _____

Can you be called at work?: _____

Working Hours: _____

5. Language spoken in home:

6. Children living at home:

Name	Birthdate	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Place of Worship: _____

Address: _____

City: _____ Zip Code: _____

8. Child's School: _____ District _____ Grade: _____

9. Child's Favorite Subjects:

10. Describe your child (example: shy, quiet, active, talkative, appearance, etc.)

11. How did you hear about the program? (Referral line, School Counselor, word of mouth, news article, etc.) Please list name of who referred you.

12. Why would you like your child in Kinship?

13. In general, how do you think Kinship will help your child?

14. Who do you know who would make a great mentor?
Might we contact them and let them know you have nominated them as a mentor for you / your child?

Best contact: email _____

Phone _____

- 15 Is there a medical diagnosis for your child? Please describe...
16. My child is in counseling/treatment _____
 My child has had counseling/treatment _____
 Please explain:
17. Please list any problems at home, school, etc. that we should be aware of?
18. What are your child's special needs or interests that a volunteer can help with?
19. Please check if you are: Married ___ Divorced ___ Separated _____
 Widowed ___ Other _____
 For how long has this been your status? _____
20. If you are a single parent:
- a) Is the child's other parent in the area?
 - b) Does the child see his/her other parent?
 - c) If so, how often?
 - d) Parent / Guardians: It is your decision / responsibility to notify the child's other parent that you are enrolling your child in Kids 'n Kinship.
- _____
- _____
21. Are there any other agencies or workers involved with your family and/or child? If yes, please list names, phone numbers and explain.

A release of information to speak with school personnel, other agencies, workers, doctors, or therapists will be required to get to know your child's needs.

22. Does your child have any health problems that a Volunteer should be made aware of? (asthma, overweight, allergies, etc.)

Children in the Kids 'n Kinship program are required to have Medical Insurance. Please provide:

Insurance Company _____ Insurance number _____
 Doctor Name and Phone number _____

* * * * *

Kids 'n Kinship is a friendship program for children. It is not to be used as a baby-sitting service or as a means of punishment to the child, (example: "if you misbehave, you can't see your volunteer").

If at any time you feel the need to terminate the friendship between your child and the volunteer, you as the parent have the right. To do so, please notify the Kids 'n Kinship office. If your child's Kids 'n Kinship relationship ends and you wish to have their name placed back on the waiting list, you must sign a "match closure form" and return it to the program.

With your cooperation and everyone working together, this friendship program can be a rewarding experience for your child.

A photo of your child helps us recruit a volunteer for him/her. Please attach a photo if possible. Kids 'n Kinship needs your consent in order to use photos for recruitment purposes, including publication in local papers, the Kids 'n Kinship website and Facebook page. We will not use your child's name accompanying their photo for internet use. Pseudo names may be used. Please be advised that we cannot prevent any unauthorized or misuse of a photo on the internet.

I agree to assume all risks, on behalf of myself and my child, involved with participating in the Kids 'n Kinship program, including, but not limited to, loss, injury or damage to self and/or property, which may be caused by natural conditions, negligence of Kid 'n Kinship, its directors, officers, employees, agents or volunteers ("Releasee"), other participants or otherwise. I further agree, on behalf of myself and my child, to waive, release and discharge any and all liability to the Releasee and will indemnify and hold the Releasee harmless for all loss, injury or damage resulting from participation in the Kids 'n Kinship program, activities and events.

Parent/guardian signature _____ Date _____

I do _____ do not _____ give permission for my child's photo to be used and displayed in print or used electronically on the internet for the promotion of the Kids 'n Kinship program. I understand that I will not be notified or financially compensated for the use of the photographs, nor will I be able to preview them prior to use.

Signature _____ Date _____

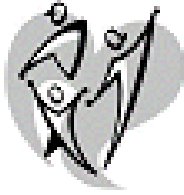
While every effort will be made to find a volunteer, I understand that there is no guarantee that because my child's name is on the waiting list that an appropriate match can be made for my child. I understand that this is only an application for my child to be considered for the Kids 'n Kinship Program. Information from this application and subsequent contacts with you can and will be used to present your child to a volunteer who has been screened for a potential mentor relationship with your child. This application becomes the property of Kids 'n Kinship when it is submitted.

I approve of my child's involvement in Kids-'n-Kinship and pledge my support in helping the friendship grow.

Please provide us with a confidential e-mail address not seen by children, if possible, so we can more quickly communicate with parents/guardians: _____

Parent/guardian signature _____ Date _____

Revised 02/2015



Child's Interest List

SPORTS

- Baseball
- Softball
- Basketball
- Football
- Hockey
- Soccer
- Tennis
- Volleyball
- Archery
- Golf (regular)
- Mini-Golf
- Frisbee
- Wrestling
- Weight Lifting
- Martial Arts/Karate
- Skiing
- Snow boarding
- Roller Skating
- Roller Blading
- Ice Skating

OUTDOOR ACTIVITIES

- Picnics
- Gardening
- Going to the Park
- Flying Kites
- Jogging/Running
- Nature Walks
- Hiking
- Canoeing
- Sailing
- Boating
- Water Skiing
- Building a Fort
- Bike Riding
- Swimming
- Fishing
- Visiting a Farm

ARTISTIC

- Reading
- Writing Stories
- Writing Poems
- Art Museums
- Drawing
- Painting
- Making Crafts
- Model Making
- Woodworking
- Sewing/Knitting
- Photography
- Role-playing
- Dancing
- Listening to music
- Singing
- Playing Instrument
which? _____

**MISCELLANEOUS –
Going Out**

- To the Movies
- To Museums
- To a Fair
- To Church
- To the Zoo
- To Downtown
- To the Library
- To the YMCA
- To Music Concerts
- To Plays/Musicals
- To Sport Events
- To Auto Racing
- Shopping

**MISCELLANEOUS –
Staying In**

- Watching a movie
- Watching TV
- Card Games
- Board Games
- Computer Games
- Video Games
- Assemble a Puzzle

- Collecting
(what? _____)
- Cooking/Baking
- Cookouts/Grilling
- Washing a Car
- Fixing Cars
- Fixing Things
- Playing Pool
- Foosball/Air Hockey
- Scrapbooking
- Fixing Hair
- Having a Pet
- Visiting friends/family

**OTHER ACTIVITIES
YOU LIKE TO DO**

**ACTIVITIES YOU
CANNOT DO OR
DO NOT WANT TO DO**



Kinship
Kids 'n Kinship

revised 11/13

Kids 'n Kinship Request/Release of Information

I, _____ permit Kids 'n Kinship to ask and give information about _____
to the agencies listed below. (if minor, form must be completed by parent/guardian)

AGENCIES WHO MAY GIVE/RECEIVE PERSONALLY IDENTIFIABLE INFORMATION:

- | | |
|---|---|
| <input type="checkbox"/> Adult Basic Education (A.B.E.)
<input type="checkbox"/> B. Robert Lewis House
<input type="checkbox"/> CAP Agency
<input type="checkbox"/> Children's Home Crisis Nursery
<input type="checkbox"/> 360 Communities
<input type="checkbox"/> Dakota County Economic Assistance
<input type="checkbox"/> Dakota County Employment & Training
<input type="checkbox"/> MN Department of Rehabilitative Services
<input type="checkbox"/> Dakota County CDA
<input type="checkbox"/> Dakota County Housing
<input type="checkbox"/> Dakota County Public Health
<input type="checkbox"/> Dakota County Social Services
<input type="checkbox"/> Dakota Woodlands
<input type="checkbox"/> Early Childhood Family Education (E.C.F.E.) | <input type="checkbox"/> Head Start
<input type="checkbox"/> Early Childhood Special Education (E.C.S.E.)
<input checked="" type="checkbox"/> School District
<input checked="" type="checkbox"/> Kids n' Kinship
<input type="checkbox"/> M.O.M.S. Program
<input type="checkbox"/> Police Department (please specify) _____
<input type="checkbox"/> Storefront Mosaic Group
<input type="checkbox"/> School and School District _____
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Other (please specify) _____ |
|---|---|

Specific information/records to be released: Information regarding child/family issues relevant to mentoring

For purposes of: Making a mentor match and supporting the match

I understand that information about me/my child is private. It cannot be given to anyone without my written approval unless the law says it can. The Mandated Reporting law requires county, school, public health and social service agency staff, as well as Kids 'n Kinship staff and volunteers to report any suspicion of child abuse or neglect.

I understand that I may refuse to give my permission to share this information. If I refuse, I may not receive the service I am requesting.

I understand that this information will only be given to people who have a need and a right to know about me/my child. I understand that I may cancel this consent at anytime. I must cancel in writing.

Parent/guardian Signature date Print name

Kids 'n Kinship staff signature and date

ALL INFORMATION RELEASED TO YOU IS RELEASED TO YOU ONLY.
IT MAY NOT BE RELEASED TO A THIRD PARTY.

Notice to other parties: Minnesota State Statute 13.04 allows clients to see private information kept in their files. If the client wants to see the information you are sending us, we must allow them to do so.