



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 _____ Nationality _____

2. Address: _____

City: _____ Zip Code: _____

Home Phone: _____ pager _____

e-mail address: _____ cellular _____

3. Parent's Name: _____

Does this parent have (____sole ____joint) legal custody of the above named 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 Attending	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Is there a medical diagnosis for your child? please describe...
15. My child is in counseling/treatment _____
My child has had counseling/treatment _____
Please explain:
15. Please list any problems at home, school, etc. that we should be aware of?
16. What are your child's special needs or interests that a volunteer can help with?
17. Please check if you are: Married ___ Divorced ___ Separated _____
Widowed ___ Other _____
For how long has this been your status? _____
18. 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. If you would like Kids 'n Kinship to send an informational letter to the other parent, please supply their name and address.

19. 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 may be sought to contact them.
20. Does you child have any health problems that a Volunteer should be made aware of? (asthma, overweight, allergies, etc.)

Child's Medical Insurance Information:
Insurance Company _____
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 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.

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.

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

I do _____ do not _____ give my permission for my child's picture to be taken and displayed for the promotion of the Kinship program.

Signature _____

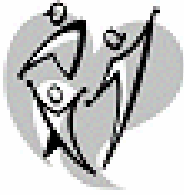
Date _____

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

A photo of your child helps us recruit volunteers. Please attach a photo if possible. Kids 'n Kinship has permission to use photo and first name for recruitment purposes.

Parent/guardian signature _____

date



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
- Camping
- Canoeing
- Sailing
- Boating
- Water Skiing
- Building a Fort
- Bike Riding
- Swimming
- Hunting
- Fishing
- Horseback Riding
- 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**
