

If child living with only one parent, please answer the following:

- A. Is the child's other parent in the area? ()Yes ()No
- B. Does your child see his/her other parent? ()Yes ()No
- C. If yes, how often? _____
- D. Do you anticipate any objections from the child's other parent regarding participation in the Kinship Partners program? ()Yes ()No

- 1. How did you hear about our program?
- 2. Why would you like your child in the Kinship Partners program?
- 3. Does your child have special needs with which you feel a volunteer can help?
- 4. Are there any problems at home, in school, etc. of which we should be aware?

I, _____ Parent/Guardian (*circle one*)
of _____ Child's Name, understand the nature of the Kinship Partners program and want my child to participate in it. In order to allow my child to participate, I agree to the following provisions:

- 1. I consent to this child's participation in the Kinship Partners program and give them my permission to participate.
- 2. I understand that my child will be participating in various one-to-one activities with an Adult Partner and that my child will be under the Adult Partner's supervision during those activities. In that every effort is made by volunteers involved in Kinship Partners to provide for reasonable care, protection and supervision of the children participating in the program, I release the volunteer(s) and the Kinship Partners' Program from liability for incidents occurring while my child is participating in, going to or returning from Kinship Partners' outings.

Print Parent/Guardian Name

Child's Name

Signature of Parent/Guardian

Date

Kinship Partners welcomes participants of any race, religion, national origin, gender identity, or sexual orientation. Final approval for all matches is given by the parent/guardian of the child.