

## Kinship Partners Inc.

Return this and the Child Information Form to the appropriate Kinship Partners, Inc., office:

Brainerd Lakes Area P.O. Box 642 Brainerd, MN 56401 (218) 454-8015 (Brainerd and Pillager School Districts) Cuyuna Lakes Area P.O. Box 32 Crosby, MN 56441 (218) 545-8002 (Crosby School District) Pequot Lakes Area P.O. Box 642 Brainerd, MN 56401 (218) 454-8016 (Pequot Lakes & Pine River School Districts) Staples/Motley Area P.O. Box 642 Brainerd, MN 56401 (218) 454-8012 (Staples and Motley School Districts)

## PARENT/GUARDIAN INFORMATION FORM

Please answer all of the questions to the best of your ability.

Child's Name:			DOB:		
	First	Middle	Last		
Parent/Guardian N	lame:				
	First		Last		
Address:					
Stre	et		City/State	Zip	County
Phone:#1:	<del></del>	Phone	: #2:		
Email Address:					<del> </del>
Place of Employm	ent:		_ Work Phone:		
Can you be contac	cted at work: Y	or N Best	Time:		
Please check ( ) M	arried ( ) Divorce	ed()Separated	( ) Widowed ( ) C	Cohabitating()S	ingle
Spouse's or Signif	icant Other's Na	ame:			
Please list names	and ages of oth	ers in household	:		
1		2			
3		4			
E		6			

lf c	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 <i>(circle o</i>	one)
of		the
na	ature of the Kinship Partners program and want my child to participate in it. In o	
to	o 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 permit to participate.	ssion
2.	I understand that my child will be participating in various one-to-one activities with an Adult Parand that my child will be under the Adult Partner's supervision during those activities. In that effort is made by volunteers involved in Kinship Partners to provide for reasonable care, prote and supervision of the children participating in the program, I release the volunteer(s) and Kinship Partners' Program from liability for incidents occurring while my child is participating going to or returning from Kinship Partners' outings.	every ction the
	Print Parent/Guardian Name Child's Name	

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.

Date

Signature of Parent/Guardian