



CHILD APPLICATION

TO BE COMPLETED & SIGNED BY PARENT OR GUARDIAN. DO NOT LEAVE ANY BLANKS -- FILL IN EVERY QUESTION

_____/_____/_____
Child's last name first name middle date of birth social security number

Gender Child's School Grade email address

Address: _____, Texas _____
 Number street apartment city zip

Who has legal custody of the child? Does the child reside within the City Limits of Tyler?

(_____) _____ - _____ (_____) _____ - _____
Home phone work phone Parent/Guardian or Child email address

Parent or Guardian Place of Employment Occupation

Child's Absent Parent Name (If applicable)

Address: _____, Texas _____
 Number street apartment city zip

How often does absent parent contact the child? _____

Does the child have any physical limitations or require any special medical care? _____

If yes, please explain. _____

Has your child ever been diagnosed as having Attention Deficit Disorder or an Attention Deficit Hyperactivity Disorder? _____

Have you or your child received help from another agency or clinic, such as the Andrews Center, Texas Department of Protective and Regulatory Services or another Children's service agency? If yes, please specify:

<u>Agency</u>	<u>Type of Service</u>	<u>Contact Person</u>	<u>Date of Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHOTOGRAPHY AND MEDIA RELEASE FORM

Pictures and/or Videos are taken at Special Events and functions of Kid Reach. The photos and videos are then used in public relations and/or marketing and recruitment purposes for PATH & Kid Reach. Please read the two options listed below and mark the appropriate box.

____ YES. I, the undersigned individual, assign the absolute right to copyright and/or reproduce and/or publish at any time in any form or media the photographs, film, or video-tape produced for PATH & Kid Reach.

____ NO. Please do not use my child's photograph for your publicity or recruitment efforts.

CONFIDENTIALITY AND DISCLOSURE FORM

I understand and accept that the Mentor/Child relationship is governed by confidentiality rules. In order for Kid Reach to provide a responsible and professional service to clients it is necessary for volunteer, clients, and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and shares information only among agency professional staff, law enforcement officials or the courts. State law mandates that suspected child abuse be reported to Child Protective Services.

CONTACT SCHEDULE

I agree that I will keep the Match Coordinator informed regarding changes in the family. This includes: change of address, telephone numbers, and work hours, new people living in the home, increased contact between your child and his/her absent parent, and any problems your child might be experiencing.

PARENT/GUARDIAN'S COMMITMENT

I understand the important role I have in my child (ren)'s match (es) and agree to follow these guidelines while my son/daughter is in the Community-Based Mentoring Program. I agree to contact my Case Manager if I ever have any misgivings about the friendship between the child (ren) and his/her volunteer mentor.

GENERAL LIABILITY/TRANSPORTATION RELEASE

I will not hold persons connected with PATH & Kid Reach, or the organization itself, liable for any injury received by me while transporting, being transported, or while engaged in any planned activities of Kid Reach program(s).

MEDICAL RELEASE

_____ {Kid Reach Staff}

In the event I cannot be reached in an emergency, the person and/or organization named above I authorized to give permission to any physician or hospital to treat and/or order hospitalization or other medical treatment for my child. I am personally responsible for medical expenses incurred in such treatment.

(Child Name)

(Parent/Guardian Signature)

(Address)

(Phone Number)

(Date)

Known allergies (if any) _____

Regular prescribed medication (if any) _____

Known pre-existing medical conditions _____

Date of last tetanus shot _____, 20 _____

Child's Doctor _____

Phone _____ Address _____

Hospital preferred _____

Ins. By _____ Policy # _____

Authorization for Release of Information: Your signature on this form authorizes Kid Reach of PATH to obtain all information from a third party about your child, self, and household that is pertinent to your child's eligibility and/or continued participation in the Kid Reach program.

I have read and understand the above documents: Photograph and Media Release Form, Confidentiality and Disclosure Form, Contact Schedule, Parent/Guardian's Commitment, and Medical Release Form. I agree to program participation under the conditions it sets forth.

Signature of Parent/Guardian: _____

Date: _____