

KINSHIP Activities Application
Parent Form

Return to: Kari Beran, Director
PRO KINSHIP FOR KIDS
1400 S. State St.
P.O. Box 666
New Ulm, MN 56073
359-2445 or 1-800-642-5779
E-mail: kinship@newulmtel.net
Website: www.prokinship.org

Date: _____

PARENT: It is important to the success of this program that parents approve and encourage your child's participation. Please fill out this form so we may help your child succeed with Kinship. Students in kindergarten through 9th grade may attend our activity programs. Those children with special needs may be accepted into our program on a trial basis. Pro Kinship reserves the right to refuse and/or dismiss a child whose needs cannot be met by our staff or volunteers.

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____ HOME PHONE _____

SCHOOL _____ GRADE _____

MOTHER'S NAME _____ EMPLOYER _____

FATHER'S NAME _____ EMPLOYER _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	Living at home?
1. _____		
2. _____		
3. _____		
4. _____		

How was your child referred to PRO KINSHIP? Please write name in the appropriate space.

Self _____ Church _____ Therapist _____ Teacher _____

Social Worker _____ School Counselor _____ Other _____

PRO Kinship provides children with volunteer assistants at our activities. These volunteers give your child extra support and positive role models. Please check other ways we can help your child.

___ Improve self-esteem ___ Improve social skills to get along with other children.

___ Encourage friendships ___ Improve social skills to get along with adults

___ Improve control of temper/anger *** Please describe other ways we can help your child

Is this a one-parent family? YES _____ NO _____

If yes, is there another parent visiting who shows some interest in the child? Yes _____ No _____
Please describe your child's relationship with his/her) other parent.

How does your child feel about school?

Is your child in counseling or special support groups in school or outside the school system?
Yes _____ No _____ If yes, please explain.

Describe your child's friends.

What are your child's outstanding points?

What are your child's favorite activities?

PRO offers parenting workshops periodically. What topics would be helpful to you?

PRO KINSHIP WANTS TO PROVIDE ACTIVITIES THAT ARE FUN AND HELP YOUR CHILD LEARN NEW SKILLS. ENCLOSED IS A YOUTH INTEREST FORM.

Please sit down with your child and help him/her fill out this form. It will help us to know your child better and help in our planning. If you have questions, please feel free to contact Kari Beran, Pro Kinship Director at 359-2445.

**Youth Registration Form
For Activities**

**Return to: PRO Kinship for Kids
1400 S. State Street
P.O. Box 666
New Ulm, MN 56073
359-2445 or 1-800-642-5779**

Date _____

Youth name _____ Date of birth _____

Address _____ School _____ Grade _____

Parent's name _____ Home Phone _____

1. What do you like to do for fun?

2. Describe yourself (your looks and personality).

3. My biggest interest is _____
4. My best sport is _____ 5. My worst sport is _____
6. I am happiest when _____
7. The smartest thing I ever did was _____

8. My favorite TV show is _____ because _____

9. My best school subject is _____
10. I think I'm pretty good at _____
11. One thing I don't like is _____
12. The person I respect most in the world is _____
13. I wish I had _____
14. When I grow up, I want to be _____
15. On weekends I like to _____

Kinship Youth INTEREST SHEET

Name _____

Please mark the activities that you enjoy doing and any that you would like to do. You will not necessarily get to do all the things you mark, but it will help us plan activities that you might enjoy.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> tennis
<input type="checkbox"/> badminton
<input type="checkbox"/> bike riding
<input type="checkbox"/> billiards/pool
<input type="checkbox"/> Ping-Pong

<input type="checkbox"/> roller skating
<input type="checkbox"/> handyman activities
<input type="checkbox"/> electronics
<input type="checkbox"/> rock collecting
<input type="checkbox"/> astronomy
<input type="checkbox"/> Frisbee

<input type="checkbox"/> camping
<input type="checkbox"/> attending plays
<input type="checkbox"/> eating out
<input type="checkbox"/> knitting
<input type="checkbox"/> computer

<input type="checkbox"/> fishing
<input type="checkbox"/> hunting
<input type="checkbox"/> bowling
<input type="checkbox"/> hiking
<input type="checkbox"/> weight-lifting

<input type="checkbox"/> foosball
<input type="checkbox"/> hockey
<input type="checkbox"/> Ice skating
<input type="checkbox"/> softball
<input type="checkbox"/> soccer

<input type="checkbox"/> visit airport
<input type="checkbox"/> watch TV
<input type="checkbox"/> riding in a car
<input type="checkbox"/> popping popcorn
<input type="checkbox"/> going to library

<input type="checkbox"/> doing puzzles
<input type="checkbox"/> having a pet
(what kind) _____
<input type="checkbox"/> visit rodeo | <input type="checkbox"/> CB radio
<input type="checkbox"/> sewing
<input type="checkbox"/> reading
<input type="checkbox"/> drawing/painting
<input type="checkbox"/> photography

<input type="checkbox"/> woodworking
<input type="checkbox"/> cooking
<input type="checkbox"/> fixing cars
<input type="checkbox"/> building models
<input type="checkbox"/> writing stories
<input type="checkbox"/> writing poetry

<input type="checkbox"/> card playing
<input type="checkbox"/> singing
<input type="checkbox"/> stamp collecting
<input type="checkbox"/> archery
<input type="checkbox"/> golf (regular or miniature)

<input type="checkbox"/> dancing
<input type="checkbox"/> playing an instrument
(which one) _____
<input type="checkbox"/> acting/drama
<input type="checkbox"/> puppet shows

<input type="checkbox"/> tropical fish
<input type="checkbox"/> collecting things
(what) _____
<input type="checkbox"/> learning a foreign language
(which one) _____

<input type="checkbox"/> crocheting
<input type="checkbox"/> embroidery/cross-stitch
<input type="checkbox"/> fixing things
<input type="checkbox"/> keep scrapbook
<input type="checkbox"/> fixing hair

<input type="checkbox"/> shopping
<input type="checkbox"/> build a fort
<input type="checkbox"/> going to Valley Fair
<input type="checkbox"/> visit circus | <input type="checkbox"/> gardening
<input type="checkbox"/> video games
<input type="checkbox"/> flying kites
<input type="checkbox"/> playing chess
<input type="checkbox"/> table games (like Monopoly
or Pictionary)
<input type="checkbox"/> playing checkers
<input type="checkbox"/> football
<input type="checkbox"/> baseball
<input type="checkbox"/> basketball
<input type="checkbox"/> volleyball
<input type="checkbox"/> walleyball

<input type="checkbox"/> racquetball
<input type="checkbox"/> wrestling
<input type="checkbox"/> swimming
<input type="checkbox"/> visit a museum
<input type="checkbox"/> going to movies

<input type="checkbox"/> listening to music
<input type="checkbox"/> going to church
<input type="checkbox"/> cookouts
<input type="checkbox"/> attend concerts
<input type="checkbox"/> visit friends and relatives

<input type="checkbox"/> hayride
<input type="checkbox"/> visit a farm
<input type="checkbox"/> going to a park
<input type="checkbox"/> visit a zoo
<input type="checkbox"/> going to the fair

<input type="checkbox"/> boating
<input type="checkbox"/> auto racing
<input type="checkbox"/> sledding
<input type="checkbox"/> running/jogging
<input type="checkbox"/> canoeing

<input type="checkbox"/> picnics
<input type="checkbox"/> snowball fights
<input type="checkbox"/> riding on bus
OTHERS (write in

_____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

KINSHIP -- ACTIVITIES PERMISSION FORM

Date _____

I give approval for my child _____ to be involved in the PRO Kinship for Kids Activities program and pledge support to encourage my child to attend.

_____ Address _____

Parents signature

Home phone _____ **Work phone** _____

I agree that:

A. In the event of a **medical emergency** at a PRO Kinship activity, if I cannot be reached, the Kinship Coordinator and volunteers are given permission to obtain medical treatment for my child by a licensed physician. **YES** _____ **NO** _____

B. Every effort is made by volunteers and staff to provide reasonable care, protection, and supervision of the youth participating in the activities. Therefore, I hereby release the volunteers and the PRO Kinship for Kids organization from liability for incidents occurring while my child is participating in, going to, or returning from activities. **YES** _____ **NO** _____

C. Community support is important for the success of our program. I give permission for my child's picture to be used for publicity. **YES** _____ **NO** _____

D. **I am responsible for picking up my child after activities.** However, if I cannot, I give the following people permission to pick up my child. I will tell you if there are any changes.

Name _____ Phone _____

Name _____ Phone _____

In an **EMERGENCY**, I give my permission for staff/volunteers to give my child a ride home. **YES** _____ **NO** _____

HEALTH CONCERNS

Does your son/daughter have any health problems, physical disabilities or learning disabilities that the PRO Kinship staff or volunteers should be aware of? _____

Is your child on any medication that will restrict his/her activity? _____

Are there any specific things that your child can't be involved in because of health limitations?

PRO KINSHIP MEDICAL RELEASE

I hereby authorize _____, a volunteer with Kinship of _____ to secure emergency medical attention for my child, _____, in the event that I cannot be contacted.

Our local doctor _____ phone _____ has my permission to release any records that may be needed to treat my child in an emergency.

For emergency purposes, I can be reached at: 1) Home _____

2) Work _____ 3) Other _____

My closest friend/relative is _____ phone _____

Relationship: _____

Allergies my child has: _____

Regular medication my child receives: _____

Phobias or fears my child has: _____

Any other important medical information: _____

If you are on Medical Assistance or have insurance or an HMO, please give number to be used:

_____ Date

_____ Signature