



Parent/Guardian Application

P.A.L.S. is a mentoring program that pairs CSU students (Big Pals) with Asian/Pacific American elementary students **K-3rd grade** (Little Pals) in the Fort Collins community. Participants engage in various activities to learn more about Asian culture.

Explore is a new mentoring program that connects CSU students (Guides) with Asian/Pacific American **4th-6th graders** (Explorers) in the Fort Collins Community to support the development of youth’s personal, social, and cultural identity.

*Due to the high level of interest, parents may be interviewed for the selection process via phone.

Please check the box above of the program that your child qualifies for

Requirements and Expectations:

- This is an academic yearlong commitment from October 2016- April 2017
 - The last page of the application contains the schedule for the 2016-2017 sessions.
- Children are expected to attend all sessions.
 - If your child is unable to attend any sessions, you are required to give the coordinators **and** mentor **notice before the day of the session.**
 - Your child is allowed two excused absences and one unexcused absence.
 - When you/your children don’t show up, it’s your children’s mentor who suffers. Please show up to the sessions.
- Volunteers will have been through a background check with the Poudre School District before the first session.

Please submit application by Friday, September 23rd, 2016

For Official Use Only:

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CHILD INFORMATION

Last Name

First Name

Gender

Date of Birth

Birthplace

Ethnic Origin(s) (optional)

School Presently Attending

Grade

PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT

Last Name

First Name

Street Address

City, State Zip Code

Home Phone

Cell Phone

Email Address

Preferred Method of Contact

Relation to Child

SECONDARY CONTACT (optional)

Last Name

First Name

Street Address

City, State Zip Code

Home Phone

Cell Phone

Email Address

Preferred Method of Contact

Relation to Child

PAIRING OPTIONS

If you participated in these programs last year and are interested in remaining with the same Big Pal/Guide, please indicate the mentor’s name: _____

Please **rank (1-5)** in order of preference for pairing with a mentor. 1= Highly Preferred 5= Least Preferred

Same gender

Similar interests

Similar ethnicity

Other (please specify)

Indifferent

*Please recognize we’ll try to accommodate your preferences, but we can’t guarantee anything.

MEDICAL INFORMATION

Physician’s Name

Phone number

Please indicate any allergies, special medications, chronic or acute illnesses/diseases.

Does your child have any physical limitations? (participation in particular sports or activities)

Any other important medical information related to your child

ADDITIONAL EMERGENCY CONTACT (optional)

Name:

Relationship to Child:

Phone:

INTERESTS/HOBBIES

- 1. _____
- 2. _____
- 3. _____

OTHER INFORMATION

Why are you interested in participating in P.A.L.S./Explore?

What are you expectations of this program?

Is there any information the coordinators/mentors should know about your child (i.e., shy).

What are your child’s other commitments (i.e. sports/dance/clubs)?

Are there any absences you foresee such as vacations, or other events that will occur during PALS?

ACKNOWLEDGEMENT AND AUTHORIZATION

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application and false or misleading information given may result in dismissal.
- I understand and acknowledge the requirements listed on the cover letter for participating in P.A.L.S. or Explore. Failure to meet requirements may result in dismissal from the program.
- I have signed and attached my photo consent release form.

Signature

Date

P.A.L.S. and Explore

2016-2017 Photo Consent Form

I acknowledge that since my participation in the P.A.L.S. and Explore Program with A/PACC is voluntary, I will receive no financial compensation.

I authorize A/PACC to publish photos of my child(ren), listed below, for the purpose of publicizing and promoting the P.A.L.S. and Explore programs. I understand that A/PACC will not release names of my child(ren) and will only be publishing photos of my child(ren).

Additionally, I waive my right to inspect or approve the finished project before publication. I release A/PACC from all claims, demands, and causes of action.

I have read this release form before signing below and fully understand the contents, meaning, and impact of this release.

- I agree and give A/PACC permission to take and publish photos of my child(ren) listed below:

- I disagree and do **not** give A/PACC permission to take and publish photos of my child(ren) listed below. I understand that by disagreeing to this photo consent form, photos of my child(ren) may or may not appear in a end of the year slideshow.

Print Parent Name

Signature

Date

P.A.L.S.

EXPLORE