



Parent/Guardian Application

Application does not guarantee acceptance

Parent/Guardian Information		
Last Name:	First Name:	Middle Name:
Current Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

Section I.

Section II.

Minor/Young Adult's Information		
Last Name:	First Name:	Middle Name:
Current Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Date of Birth:	Grade:	GPA:
School Name:	Shirt Size:	

Section III.

Emergency Contact Information 1.	
Last Name:	First Name:

Relationship:	Phone Number	Date of Birth:
Emergency Contact Information II.		
Last Name:	First Name:	
Relationship:	Phone Number	
Emergency Contact Information III		
Relationship:	Phone Number	Date of Birth:
Last Name:	First Name:	
Relationship:	Phone Number	Date of Birth:

Please provide a brief answer to the following questions.

1. Are any of your daughter's relatives or friends participating in the program that you know of?

()No ()Yes If yes, please provide

name(s) _____

2. Why do you want your child to participate in this program or was this your child choice?

3. Briefly describe your goals for your daughter?

4. Is your child available to meet/communicate with a mentor to touch basis at least once weekly via phone, email, face to face etc. until exiting of the program? Please explain any particular scheduling issues.

5. Describe your child's school performance, including grades, homework, attendance, behavior, etc:

6. Does your child have friends? No Yes If yes please describe her friendships.

7. Is your child currently having any behavioral or social problems at home or at school? No Yes If yes, please provide information that may be helpful for us to know as we work with your child.

8. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? No Yes If yes, please provide details.

9. Can you provide any additional background information that may be helpful in matching your daughter with an appropriate mentor?

10. Your child will have the privilege to keep her discussions with her mentor confidential, are you ok with that? No Yes If your answer is no please explain

11. Does your daughter have any disabilities that you are aware of? No Yes

If your answer is yes please

explain _____

12. Does your daughter have any physical/mental problems or limitations? No Yes If yes, please describe them:

13. Is your daughter currently receiving treatment for any medical condition or other challenges?

No Yes If yes, please explain:

Parent/Guardian Signature

Date:

Consent to Contact and Information Release

To be completed by the Parent/Guardian

Youth's Name:	Date of Birth: ___/___/___
School:	Grade:

I hereby grant permission for Girls Like You mentorship program to make contact with my child and conduct weekly/check in's via phone, email, face to face etc. Girls Like You may also make contact with my child on school premises for the purpose of supporting her participation in the program.

I authorize Girls Like You to obtain any needed information regarding my child from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Furthermore, I understand that my child records from the school will be shared with her mentor and Board of Directors only. Mentors and/or Board of Directors are to use the records to support the child participation in the program only.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Date