



CARING KIDS PEER SOCIALIZATION REGISTRATION 2013-2014

Please check one box:

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|--|
| <input type="checkbox"/> Kid to Kid, Jr. (grades K-2) – Usually meets monthly on a Saturday or Sunday. |
| <input type="checkbox"/> Kid to Kid (grades 3-5) – Usually meets monthly around 4pm Sunday afternoon. |
| <input type="checkbox"/> Cool Kids Care (grades 6-8) – Usually meets monthly around 7 PM on Friday nights, some Sundays for combined special events with Kid to Kid. |

Name of Student: _____

Age: _____

Grade: _____

School: _____

Parent(s) Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Allergies: _____

What special interests/hobbies does your child have?

Does your child have any dislikes that we should be aware of?

Does your child have a special talent they may want to share with the group as an activity?

What is your availability on weekends? Are there any dates/times of known conflicts?

What is the primary reason your child wants to participate in Caring Kids? Please check one.

___ They would benefit from the opportunity to socialize with peers outside of school.

___ They want to help peers who may need social mentoring.

Is there any other information that we should know about your child to make this a great experience for all the kids?