

# Y-PALS CHILD APPLICATION

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:    Male    Female

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Is your child in any gifted or special education classes?

Is your child involved in any youth programs (scouts, sports, church groups, etc.)?

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FAVORITES:

Subject in School \_\_\_\_\_

Food \_\_\_\_\_ Restaurant \_\_\_\_\_

Game \_\_\_\_\_ Sport \_\_\_\_\_

Things to Do \_\_\_\_\_

OVER

# PARENTS/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Do you have plans to move? \_\_\_\_\_

If so when? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Marital Status: (Please circle all that currently apply.)

Single Married Separated Divorced Widowed

Do you plan to marry in the next year? \_\_\_\_\_

Education Completed: (Please circle one.)

GED HS TRADE SCHOOL COLLEGE (years completed \_\_\_\_\_)

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

May we call you at work? (Circle one.) Yes No Leave a Message

Who has legal custody of the child? \_\_\_\_\_

Will that be changing? \_\_\_\_\_

## ABSENT PARENT INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_