

# YLDI Parent Application

**Instructions: Please download and complete the form honestly and completely. There are no right or wrong answers. Once the form is completed. Save the form with the following file name (Child's First Name.Child's Last Name. Parent)(e.g. Tracy.Smith.Parent). Please submit the completed form via email to: APAPULYLDI@gmail.com \*ALL PROGRAM PARTICIPANTS WILL BE REQUIRED TO SHOW PROOF OF COVID VACCINATION PRIOR TO 1ST SESSION\***

Today's Date

## Demographics:

Child's First Name                      Child's Last Name                      Child's Grade                      Child's Age

First Name(s) (Parent /Guardian)                      Last Name(s) (Parent/Guardian)                      Address

E-Mail Address

Mobile Number                      Emergency Name and Contact (1)                      Emergency Name and Contact (2)

Describe your current living situation (e.g. two parent home or single parent home or other)                      How many children are in the home?                      Does your child have responsibilities in the home?  
Yes  
No  
Sometimes  
Never                      Describe your child's responsibilities in the home.

## Mentoring Experience

1. Has your child participated in a mentoring program before?
2. Primary reason for wanting your child to participate in a mentor program?
3. What are some goals that you and your child have established for the current school year?

## Behavioral Items

4. Has your child ever been bullied?
5. Has your child ever been accused of being a bully?
6. Does your child get along well with their peers?
7. Has your child been involved in fighting at school or in the neighborhood?
8. Has your child experienced challenges with school discipline?
9. Describe any behavioral challenges or concerns that we should be aware of when working with your child.

**Medical Concerns**

10. Are there any medical conditions that we need to worry about?

11. Does your child have any contact allergies or food allergies?

12. Please describe any allergies.

13. Does your child have any physical challenges?

14. Please describe any physical challenges.

**Personal Attributes:**

15. Using the following scale, rate your agreement with each statement about your child.

	Strongly Disagree(1)	Disagree(2)	Neutral(3)	Agree(4)	Strongly Agree(5)
He is always prepared					
He feels comfortable around people					
He makes friends easily					
He gets chores done right away					
He likes sports					
He likes science					
He has a lot to say					
He likes to help people					
He likes math					
He is shy					
He is moody					
He likes to sing					
He likes art/drawing					
He is motivated					
He is outgoing					
He is a leader					
He likes reading					
He has a good relationship with his dad					
He has a good relationship with his mom					
He has a good relationship with his siblings					
He is good with his hands					
He is a good listener					
He helps around the house					
He does well in school					
He has college and career plans					
He does well with extracurricular activities					

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