

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

Today's Date

Demographics:

Child's First Name

Child's Last Name

Child's School

Child's Grade

Child's Age

First Name (Parent /Guardian)

Last Name (Parent/Guardian)

Address

E-Mail Address

Mobile Number

Emergency Name and Contact (1)

Emergency Name and Contact (2)

Does your child have responsibilities in the home?

- Yes
No
Sometimes
Never

Describe your child's responsibilities in the home

Primary reason for wanting your child to participate in a mentor program?

What are some goals that you and your child have established for the current school year?

Behavioral Items

Has your child experienced challenges with school discipline?

Describe any behavioral challenges or concerns that we should be aware of when working with your child.

Medical Concerns

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

Does your child have any contact allergies or food allergies?

Please list any allergies.

Does your child have any physical challenges?

Please list any physical challenges.

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