

## **Kids Like Me! Parent Release Form**

**Sponsoring Church/Organization:** \_\_\_\_\_

Your Name \_\_\_\_\_

Your address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

Your relationship to the child(ren) listed below: \_\_\_\_\_

List all children you are bringing to **Kids Like Me!**:

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

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

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

Children's' mailing address/phone if different from yours: \_\_\_\_\_

On the back side of this sheet, please tell us anything you would like us to know about why you are bringing your child(ren) to **Kids Like Me!**, or we need to know to ensure the safety of your child(ren); i.e., food allergies, medications:

### **Release Statement**

Please be advised that the **Kids Like Me!** program is a support group program and not therapy, nor a substitute for therapy, in any way. Our leaders are volunteers, not trained counselors. All information given by both parents and children will be held in strict confidence. Information shared by children in confidence will NOT be passed on to adults outside the leadership of the **Kids Like Me!** program, except as deemed necessary by the Program Administrators to ensure the health and safety of the child.

Having read the above and understanding it fully, I hereby authorize my child(ren) to attend the **Kids Like Me!** program.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Community Downtown/ Attn: Holly Ward / 522 7<sup>th</sup> Street/ Columbus, IN 47201