

W.R.A.P. Bienestar Kids Camp 2019

Solicitud

Partners Family Resource Center 235 S. Auburn St,
Grass Valley, CA 95945

(530) 273-4059 Fax: (530) 273-7077 Email: nmead@nevco.org

Padres: Esta solicitud deberá ser completada por su hijo/a
de ser posible sin su ayuda.

Complete y lleve ésta solicitud en persona a la oficina del
Centro de Recusos para la Familia.

Instrucciones para el solicitante: Complete all parts of this application. Take your time. Please write neatly and use extra paper if you need it.

Part I: Please tell us a little about yourself.

Your Name: _____

Date of Birth: _____ Gender: Male Female

School: _____ Upcoming grade: _____

Home Street Address: _____

City: _____ Zip: _____

Phone: _____

Allergies: _____

1. What do you think you want to be when you're an adult and why?

2. Who is the most important role model in your life right now and why?

OVER →

3. We are selecting only 10 students. What do you hope to learn at the WRAP Kids Camp?

4. I have been involved in the following: (*check all that apply*)

Big Brothers & Big Sisters Other Club Foster parents

5. How did you hear about the WRAP Kids Camp? _____

Part II: Please read the following pledge very carefully. When finished, if you are in agreement with what it says, sign and date the pledge.

Pledge: In submitting this application, I am confirming that I want to be selected as a participant in the WRAP kids Camp. I promise to maintain a *positive attitude* when being taught and mentored. I promise to follow instructions and *comply with all rules*. I promise to maintain the highest standards of personal conduct, including being prepared, on time, honest, and *behaving appropriately*.

I understand that if at any time the WRAP kids Camp staff determines that I am not conducting myself as described above, I may be dismissed from the Camp.

Your Signature: _____ **Date:** __/__/2019

Parent/Guardian Signature: _____ **Date:** __/__/2019

Parent/Guardian Printed Name: _____

OVER →