

PARENT REFERENCE FORM

To be filled out by Applicant's parents

Child's Name: _____ Mother : _____
 Address: _____ Father: _____
 _____ Phone : _____
 Applying for: _____ Date: _____

Please note: Children 9 years old and younger are required to be accompanied by a parent, those aged 10 - 12 yrs require a parent or a guardian. Teenagers 13 years or older are able to come on their own, with their parents permission.

Dear Parent,

We are pleased that your child has expressed a desire to be part of this outreach. We are happy to seek God with you to determine if this is His plan for his/her life at this time. We too are committed to seeing God's best achieved for your child. King's Kids outreaches are designed primarily for those who **ALREADY** have a hunger for God and are looking for a spiritual challenge that they can take hold of. We know from experience that this outreach will only bring frustration to those who do not come with a heart to learn and grow in God. Your child's walk with God to us is more important than their ability to perform. We appreciate your frankness in supplying the information requested here.

Spiritual maturity

- How would you describe the applicant's knowledge of and friendship with the Lord?
 Lacks depth Inconsistent Genuine & Growing Mature
 Comments: _____
- Does he/she spend time alone with the Lord without prompting?
 Daily Irregularly Once in a great while Not at all
 Comments: _____
- Has the applicant seen the Lord answer his/her prayers? _____

Emotional maturity

- Is the applicant able to express good and bad feelings appropriately?
 With difficulty Sometimes Usually Without inhibition
 Comments : _____
- How does he/she respond to correction?
 Feels rejected Rebels openly Rejects but learns Accepts with thanks
 Comments: _____
- General temperament?
 Quiet & thoughtful Friendly but reserved Friendly & outgoing Bold & outspoken
 Comments: _____
- How co-operative is he/she?
 Helpful Follows willingly Independent Strong willed
 Comments: _____
- How punctual is he/she?
 Always on time Always late Usually early Usually late
 Comments: _____

Physical Fitness & Health

1. Please comment on his/her eating habits: _____

Particular dietary needs? _____

2. Level of activity : _____ (Please indicate severity)

Lacks interest Tires easily Active Athletic Hyperactive

3. Please specify any medical/health problems including allergies and note any medication he/she is on : (e.g. asthma, eczema, bedwetting, requires more sleep than normal.)

Any physical limitations? _____

4. Is he/she presently in good health? _____

5. Do you have a Community Service Card Number? _____ Exp date: _____

Performance Skills

1. Singing ability: Below average Average Above average

2. Co-ordination: Has difficulty Good Excellent

Practical Skills

1. Areas of practical skills or abilities: _____

Parents response

1. Why do you feel your son/daughter should participate in this outreach? _____

2. We believe God wants whole families involved in ministry.

Are you committed as a family to giving your child emotional and prayer support while he/she is away? _____

Are you committed as a family to seeing the necessary finances raised? _____

Emergency Data :

In case of emergency, notify:

1st choice: Name: _____ Relationship: _____

Address : _____ Phone: _____

2nd choice: Name: _____ Relationship: _____

Address: _____ Phone: _____

I/We give permission for _____
 to apply for participation in the King's Kids Outreach to _____

Signature: _____ Date : _____

Please complete and return to: King's Kids, C/- YWAM Oxford, PO Box 22, Oxford 7430
 by 1st June 10