

**Due September 13<sup>th</sup>**

**ADA FRIENDS PARENT & FAMILY INFORMATION**

Please fill out this part for each of your children individually.

Child's Name: \_\_\_\_\_ Nickname/Preferred Name: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any other medical conditions? \_\_\_\_\_

Does your child have any disabilities? \_\_\_\_\_

Are there school subjects your child struggles with? \_\_\_\_\_

What kind of grades does your child earn? \_\_\_\_\_

Does your child get along well with other children? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

What do you think are your child's biggest challenges? \_\_\_\_\_

Is there anything else you would like to share with us about your child? \_\_\_\_\_

What would you like most out of the program for your child? \_\_\_\_\_

We take pictures of Ada Friends activities to use as publicity. Pictures have been used for Ada Friends advertisement around campus and, most recently, online within the Ada Icon. Please check below your choice regarding having your child photographed.

\_\_\_ I give Ada Friends permission to take my child's picture.

\_\_\_ I do not give permission for my child's picture to be taken.

I hereby give consent for my child to participate in Ohio Northern University's Ada Friends Mentorship program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Legibly Printed Name) (Date)