

CID _____ FID _____

PARENT/LEGAL GUARDIAN CONSENT FORM

All Participation Forms submitted for Save the Children sponsorship assignments must contain the following statement by the child's parent or legal guardian.

I give permission for my child, _____, to be sponsored through Save the Children, and I have received a full explanation of sponsorship, including the potential benefits and the responsibilities of participation. I give permission for Save the Children to use the photographs and information collected in the attached Participation Form and any other sponsorship forms and materials for distribution to individual(s) who sponsor my child as long as they remain my child(ren)'s sponsor(s).

In furtherance of Save the Children's charitable mission, and without expectation of compensation or other remuneration, now or in the future, I hereby give consent to Save the Children, its affiliates and agents for the following:

- a) permission to interview, film, photograph, tape or otherwise make a video reproduction of me and/or my child/children and/or record my and /or our child(ren)'s voice(s);
- b) permission to use, copy and publish original materials created by my child in connection with participation in Save the Children's sponsorship program (such as essays, letters, poems, artwork and/or photos);
- c) permission to use my name and/or my child(ren)'s name; and,
- d) permission to use my child(ren)'s original materials, quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s), digital imagery or reproduction(s) of us and/or recording of our voice(s), in whole or in part, in Save the Children's publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the "Internet"), in theatrical media and/or in mailings for educational and awareness campaigns by Save the Children, in connection with the promotion of Save the Children products, and/or to help raise funds for Save the Children.

I understand that my child(ren) will not receive any money directly as a result of becoming sponsored. I understand that funds contributed to Save the Children by sponsors are combined and spent on projects for the betterment of our community.

I give permission to Save the Children to open mail from the sponsor to my child(ren) as well as mail from my child(ren) to the sponsor.

I understand that direct contact between the sponsor and my child(ren) is not permitted and that breaching this policy could result in termination of the sponsorship relationship. I understand that direct communication via any medium is not permitted, including, but not limited to, social media outlets (such as Facebook, Skype, Twitter, Instagram, etc.), email, mail and phone.

I understand that if at any time I am not satisfied with sponsorship through Save the Children, I may withdraw my child(ren) from participation.

I confirm that my child(ren) is/are not currently enrolled in a sponsorship program with another agency.

I certify that I am the parent or legal guardian of the child(ren) named in the attached Participation Form.

This consent is given without expiration, and future uses do not require additional permission from me. I hereby consent to and give permission to the above-stated on behalf of the above-named minor child(ren) and acknowledge receipt of the Child/Sponsor Relationship Expectations Form.

Signature of Responsible Individual/ Parent/ Legal Guardian: _____

Print Guardian's Name: _____

Date: ____ / ____ / 2020

SPONSORSHIP COMMUNITY LIAISON USE ONLY:

I have reviewed this Participation Form and believe the information given to be correct and the parent/guardian consent is genuine to the best of my knowledge.

_____/_____/2020
Date

Signature of Sponsorship Community Liaison

The following is required only if the consent form has to be read to the parent/legal guardian:

I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Date

Signature of Sponsorship Community Liaison

CID _____ FID _____

SPONSORSHIP PARTICIPATION FORM – Complete and return to your school

Only information highlighted in yellow will be shared with your child’s sponsor(s).



Save the Children.

Child’s Name: _____
First Middle Last

Gender: Male Female
(circle one)

Mailing Address: _____
Street Address Apt #

City State Zip

Birthday: ____/____/20____

Grade: _____

Child’s Legal Guardian(s): _____
(only list legal guardians living in the home) First Last

Relationship to Child: _____

First Last

Relationship to Child: _____

Home Phone: (____) _____ - _____

Does your child have any special circumstances that you would care to share with the sponsor? (circle one) Yes No

If Yes, please specify (for example, special health concerns, twin, learning challenges, etc.) _____

For all **other children** living in the home, please provide the following information. Please indicate if any of the children are currently enrolled in Sponsorship, even if they do not yet have a sponsor.

Child Name (first and last)	Gender <small>(circle one)</small>	Relationship to above child	Birthday (optional)	Enrolled? <small>(circle one)</small>
_____	Male Female	_____	____/____/____	Yes No
_____	Male Female	_____	____/____/____	Yes No
_____	Male Female	_____	____/____/____	Yes No
_____	Male Female	_____	____/____/____	Yes No

Please **circle one** trait in each column that **best** describes your child.

Personality:
(Circle One)

- Active
- Affectionate
- Bright
- Confident
- Cooperative
- Curious
- Friendly
- Happy
- Helpful
- Kind
- Outgoing
- Quiet
- Shy
- Smiley

Daily Activities:
(Circle One)

- Bicycle riding
- Creative Writing
- Dancing
- Doing Creative Art
- Helping with Household Chores
- Listening to Music
- Outdoor Activities
- Participating in Sports
- Playing an Instrument
- Playing with Friends
- Playing with Toys
- Singing
- Studying
- Using computers

Favorite Subject:
(Circle One)

- Art
- Computers
- English
- History
- Mathematics
- Music
- Physical Education
- Reading
- Science
- Social Studies
- Spanish
- Spelling
- Writing

Ambition:
(Circle One)

- Actor
- Artist
- Athlete
- Chef
- Dancer
- Doctor or Nurse
- Engineer
- Farmer
- Fire Fighter
- Hairstylist
- Lawyer
- Musician
- Pilot
- Police Officer
- Soldier
- Teacher
- Veterinarian

Favorite Play:
(Circle One)

- Acting
- Arts & Crafts
- Basketball
- Bicycle Riding
- Board Games
- Dolls
- Football
- Jump rope
- Outdoor games
- Singing
- Swimming
- Tennis
- Toys Cars
- Toys
- Volleyball

Sponsorship Liaison Use Only:

Liaison Name: _____ Initials of Second Reviewer: _____

Child’s Program Participation (circle all that apply):

LIBRARY INSCHOOL AFTERSCHOOL LITBOOST EARLY STEPS

School Name: _____

School Type: (circle one) Primary Intermediate Elementary Combined (PK/K-8)

STOP! Have you completed:

- App?
- Consent?
- Photo?
- AAM?