



Kinship

Kinship Partners Inc.

Return this form to the following Kinship Partners, Inc., office:

<input type="checkbox"/> Brainerd/Crosby Office	<input type="checkbox"/> Lake Country Office	Toll Free Number
402 1/2 S. 7th St.	4325 W. Woodman St.	(Outside of Brainerd)
PO Box 462	PO Box 105	1-877-730-5437
Brainerd, MN 56401	Pequot Lakes, MN 56472	
218-829-4606	218-568-4015	

CHILD'S INFORMATION FORM

Parent, please have child fill out this form. Please help with a very young child.

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent's Name _____ Home Phone _____

Place of Employment _____ Bus. Phone _____

Can they be called at work? _____ Work Hours: _____

Brothers and Sisters living at home:	Birth Date
_____	_____
_____	_____
_____	_____

Child's School _____ Grade _____

Favorite Subjects _____

Describe yourself (example: are you quiet, active, shy, happy, friendly, etc.)

Signature of Child

Date

ACTIVITIES AND INTERESTS

Please circle the activities you enjoy:

Professional Sports

College Sports

High School Sports

Camping

Football

Baseball

Basketball

Track

Badminton

Soccer

Ping Pong

Tennis

Volleyball

Bike riding

Rollerblading/Skating

Bowling

Pool

Swimming

Wrestling

Hockey

Figure skating

Woodworking

Walking

Croquet

Drawing

Fishing

Picnicking

Boating

Canoeing

Water skiing

Model building

Carving

Video games

Television

Movies

Museums

Concerts

Reading

Singing

Cooking

Painting

Writing

Circus

Animals

Snowmobiling

Dolls

Talking

Art fair

State fair

YMCA

Playing cards

Music

Indoor games

Collections—what?

Auto mechanics

Animal tending

Horses

Gardening

Hair/Makeup

Auto Racing

Handball

Golf

Crafts

Other: _____

Please list the things you do best: _____

Which of the above activities would you like to try but have not had a chance? _____

Why do you want an Adult Partner and what do you hope to learn from him or her? _____
