



PARENT FORM

KIDS FOR KIDS FUND

2024/2025 SCHOOL YEAR

PARENT NAME

STUDENT'S FULL NAME

TEACHER SCHOOL

Parent and caregivers, thank you for answering the following questions. Your thoughtful answers help us figure out the best resources for families.

QUESTION 1. Please circle the answer that best describes you:	strongly disagree	somewhat disagree	somewhat agree	strongly agree
a. I know what makes me unique at helping others.				
b. It is easy to engage kids in service to others.				
c. I know how to engage my kids in giving.				

QUESTION 2: What is your biggest obstacle to engaging your child in giving and service?

finding time
 finding kid-friendly opportunities to help
 knowing how to engage them in a meaningful way
 other: _____

QUESTION 3: What would you like your child to learn about giving during this program?

QUESTION 4: Please check boxes that apply:

- I consent to my child's participation in the Kids for Kids Fund program. Information provided on this form may be shared with The Giving Square (our non-profit partner).
- I consent to photos and videos being taken during the Kids for Kids Fund program. No names will be used. These may be used in our Celebration event videos and communications.
- I am interested in joining a special Parent Working Group about engaging kids in giving.

YOUR EMAIL: _____ PHONE: _____

SIGNATURE: _____