

April 1, 2026

Dear Student,

I'm excited that you are interested in applying for Kids in Motion. This program has been serving local youth for over 26 years.

The Kids in Motion program is a two-week leadership and career exploration program designed with hands on and interactive experiences. We will meet Monday—Friday from 7:45am-3:15pm. There are two sessions: June 1-June 12 & June 15-June 26 (6/19 no program as it is a holiday). The first session is for the girls and the second session is for the boys. During this time, participants will learn about local job opportunities, banking basics, and volunteerism. This is a unique summer program in that youth have the chance to earn a stipend, based on effort, attitude, and attendance!

I encourage you to fill out your application as fully as possible. Give special attention to the questions which give us an opportunity to get to know you better.

Once your application is completed and your parent or guardian has signed in all the appropriate places, you can scan and email me the application at Stephanie@douglassonline.org, return to your guidance counselor or mail or drop off the forms at Douglass Community Services at 711 Grand, Hannibal, MO 63401.

Application are due by **Noon on April 17, 2026**. Submitted applications will reviewed by our Kids in Motion team. A follow-up interview may be requested to ask you more questions and to give you opportunity to ask us questions. You will be notified by mail of your acceptance by **May 06, 2026**.

If you have any questions, please do not hesitate to call the office at 573-221-3892.
Thank you for your interest.
Stephanie Cooper
CEO



A trusted leader in building strong kids, strong families, and strong communities.



STUDENT APPLICATION

2026 Summer Program



DATE: _____

SCHOOL: _____

STUDENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Student's Cell #: _____ Home Phone #: _____

Email Address: _____

Current Grade (circle one): 4 5

Shirt Size (circle one): YS YM YL AS AM AL AXL

Child Eligible (circle all that apply): Free/Reduced Lunch SNAP/EBT Medicaid

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Parent's Cell #: _____ Home Phone #: _____

Email Address: _____

Does child have a case manager or counselor? _____ (If yes, please provide name and contact info below)

Name: _____ Agency: _____ Phone: _____

Who referred your child to Kids in Motion? _____

Do we have your permission to share information with the school district, social service agencies, the Juvenile office and others who may have pertinent information relevant to the potential selection of this child for the Kids in Motion program? Yes No

STUDENT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE



We are an equal opportunity organization and do not unlawfully discriminate. Equal access to selection, services, and programs is available to all people. Those requiring special accommodation should contact Douglass Community Services at least 48 hours in advance so appropriate arrangements can be made.



YOURSELF...

KIM 2026 Student information sheet

My given name: _____

The name I like to be called: _____

I self-identify as (circle all the apply)

Caucasian African American/Black Asian American Hispanic

Career that I might be interested in, include:

Academic subjects that I like, include:

Some of my hobbies are:

Why I want to be in the 2026 KIM program



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