Parent Participation Form - New Account Set-Up

Please fill out and return to the Barry Community Foundation at 231 S. Broadway St., Hastings, MI 49508. **If you have any questions please contact Allison Zerbe, Youth Program Officer, at 269.945.0526 or by email at azerbe@barrycf.org.**

Parent/Guardian Information

Parent/Legal Guardian: _____
Last Name First Name

Address: _____
Street City Zip Code

Primary Phone: _____
(Circle One) Home or Cell

Email: _____

___ Yes, KickStart to Career may text me program information.

___ No, KickStart to Career may not text me program information.

Student Information

Student: _____
Last Name First Name Date of Birth

Address: _____
Street City Zip Code

School Name: _____ Student's School Identification Number: _____
(You will need to get this from the school office)

Year of Kindergarten Enrollment: _____

I certify that all the information that I provide on the KickStart to Career Parent Participation Agreement is accurate and complete.

I agree to allow my child's school data to be released to the KickStart to Career program to further future savings opportunities.

_____ _____
Parent or Legal Guardian Signature Date

_____
Printed Name

INSPIRING STUDENTS TO BELIEVE IN THEIR FUTURE

the barry county kids savings program
KICKSTART TO CAREER

INDEPENDENT BANK
Member FDIC