



Enrichment Program Wish Application

Our Enrichment Program provides opportunities for children to participate in ongoing after school enrichment opportunities. The Enrichment Program Wish requests are unique to the needs of each child.

Examples of an Enrichment Program Wish Include but are not Limited to:

- Gymnastics & Dance Classes
- Martial Arts Classes
- Swim Team
- Individual & Group Music Lessons
- Coding & Robotics Classes
- Cheer team
- Other Sports Programs: Golf, Tennis, Soccer, Basketball, Volleyball, and More

Enrichment Program Wish Participation Requirements:

- Child must be school aged enrolled in kindergarten through 12th grade
- Applicants must be referred to Blue Skies for Children by a referral partner or meet eligibility requirements
- Applicants must live in Whatcom or Skagit County

BSFC Policy:

- Only 1 One-Time Little Wish and 1 Enrichment Program Wish can be granted per child, per year
- Only 3 children are served per family, per year. A separate application is needed for each individual child.

How to Apply:

- Complete the Enrichment Program Application
- Bring identification for guardian and child to the Blue Skies Office
- Verify eligibility by submitting proof of ONE of the following...
 - Employment Income (3 Pay Stubs)
 - Unemployment Income
 - SSI / SSD Letter
 - TANF Assistance Letter
 - Food Stamps Letter
 - Free/Reduced School Lunch Letter
 - Foster Placement Paperwork or Proof of Guardianship
 - Referral: School Liaison, Lydia Place, World Relief, Opportunity Council

Note: We do not need a to hold a copy of this, a staff member just needs to verify the documentation

- Then Wait for Blue Skies for Children to contact you

Questions? Please call 360-756-6710 or Email enrichment@blueskiesforchildren.org

Blue Skies Enrichment Program Wish Application

EMAIL TO: enrichment@blueskiesforchildren.org SUBMIT TO: 1310 Broadway, Suite 2A Bellingham, WA 98225

General Application Information

Date: _____ Referred by: _____

Parent/Guardian First Name: _____ Last Name: _____

Pronouns: She Her He Him They Them

Address: _____ County: Whatcom Skagit

City, State, Zip: _____ Preferred Communication: Email Phone Call

Email: _____ Phone: _____

Preferred Language: English Spanish Russian Ukrainian Other: _____

Household: _____ adults _____ children under 18 years of age

Marital Status: Single Married Separated Divorced Widowed Other

Eligibility: Homeless Low-Income Foster Kinship Unaccompanied Minor Refugee

Please circle the option that best describes your ethnicity:

**This information is collected for statistical purposes and will be kept confidential. Blue Skies does not in any way discriminate.*

Asian Black or African American Hispanic or Latino

Native American or Alaska Native Native Hawaiian or Other Pacific Islander Russian or Ukrainian

White Other (please specify): _____

Household Income:

**Information is not mandatory but extremely important for grant writing and continuing our programs. All information given is kept confidential and grouped for fundraising and grant writing.*

Under \$28,953 \$28,954 - \$39,128 \$39,129- \$49,303

\$49,304 - \$59,478 \$59,478 - \$69,653 \$69,654 - \$79,828

\$79,829 - \$90,003 Over \$90,004

Household Type:

Dual Income Single Income

Are you currently working with a School Family Liaison? If yes, who? _____

Transportation:

Do you or your family face any transportation barriers? yes / no

Do you use public transportation as your main source of transportation? yes / no

Can you travel to other cities within Whatcom County to attend classes/lessons? yes / no

Is there any information about you, the child, or home life that Blue Skies for Children should know to better serve you?

I verify that all information I have submitted is accurate and current to the best of my knowledge as of signing this form. I understand that any falsification of the above information by me can cause loss of eligibility to receive services from Blue Skies for Children.

Parent/Guardian Signature

Date

Program Participant Information

Child's First Name:

Child's Last Name:

Pronouns: She Her He Him They Them

Date of Birth:

Preferred Language: English Spanish Russian Ukrainian Other: _____

Grade:

School:

Enrichment Program Request

Do you have a specific Provider in mind? If yes, please list:

Name:

Address:

Contact Phone:

Contact Email:

All About Me!

Hi, my name is: _____

My favorite subject in school is: _____

Afterschool I like to: _____

On the weekends I like to: _____

Something I am good at is: _____

Something I struggle with is: _____

I want to learn how to: _____

A goal of mine is to: _____

My favorite thing about myself is:

My Little Wish is: _____

INJURY WAIVER AGREEMENT

I, _____, on behalf of myself and/or my minor children listed below (collectively the "Undersigned") enter into this Injury Waiver Agreement (the "Agreement") with Blue Skies for Children, a Washington nonprofit corporation ("Blue Skies").

WHEREAS Blue Skies coordinates enrichment opportunities for children including, but not to, music and martial arts classes (the "Classes") through third-party providers/teachers of the Classes (the "Providers"),

WHEREAS the Blue Skies has no oversight or control over the Providers or the Classes,

WHEREAS Blue Skies is not affiliated with the Providers or the Classes.

WHEREAS the Classes may expose the Undersigned to potential risks of injury, whether known and obvious or unknown and latent and understanding the risks of the Classes the Undersigned desires to take the Classes.

NOW THEREFORE, in consideration of Blue Skies coordinating the Undersigned's enrollment in Classes, the Undersigned hereby agrees as follows:

1. **ASSUMPTION OF RISK:** The Undersigned represents and warrants that it understands (i) that the Classes may expose the Undersigned to potential injuries, whether known and obvious or unknown or latent, and (ii) that the ability to take the Classes is a significant personal benefit to the Undersigned and therefore provides adequate consideration for this Agreement. The Undersigned hereby assumes all risk of injury, illness, or death related to or arising out of the Classes.

2. RELEASE, INDEMNIFICATION, AND HOLD HARMLESS: FOR AND IN CONSIDERATION OF BLUE SKIES COORDINATING UNDERSIGNED'S ENROLLMENT IN CLASSES, THE UNDERSIGNED FOR HIMSELF/HERSELF, THEIR MARITAL COMMUNITIES, HEIRS, EXECUTORS, LISTED MINORS, ASSIGNS AND EMPLOYERS DOES HEREBY FOREVER AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS BLUE SKIES, ITS BOARD AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, DEMANDS, OR INJURIES OF ANY KIND (ANTICIPATED OR UNANTICIPATED) OR NATURE (UP TO AND INCLUDING DEATH) ARISING OUT OF OR RELATING TO THE UNDERSIGNED'S PARTICIPATION IN THE CLASSES.

3. **ENTIRE AGREEMENT:** This Agreement is the entire agreement between Blue Skies and the Undersigned relating to the Undersigned's release of liability, waiver of claims, assumption of risk, defense, and indemnification obligations. There are no other oral or written agreements which have not been incorporated herein. This Agreement may only be modified by writing signed by Blue Skies and the Undersigned. The representations, warranties, release, indemnification, defense, and hold harmless shall survive the termination of this Agreement. The substantially prevailing party in any action to enforce the terms of this Agreement shall be entitled to an award of its attorneys' fees and costs. Venue shall be exclusively and solely in Whatcom County, Washington for any dispute arising out of or related to the Classes. The parties hereto expressly and irrevocably waive their right to a jury trial and/or to Federal Court jurisdiction.

THIS AGREEMENT CONTAINS A RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT. I HAVE READ THIS AGREEMENT AND I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR MINORS: This certifies that I, the undersigned parent or legal guardian for the Minor Participant set forth below, consent and agree to the terms and conditions of this Agreement not only my behalf, but also consent and agree to the terms and conditions set forth in this Agreement on behalf of the Minor Participant.

Signature of Parent or Adult Legal Guardian

Name of Minor Participant (Please Print)

Date: _____

****RELEASE OF INFORMATION AUTHORIZATION FORM****

Client Information:

Parent/Guardian Name: _____

Child Name: _____ Child DOB: _____

Address: _____

Phone: _____ Email Address: _____

Purpose of Disclosure:

This authorization allows Blue Skies for Children to release application and applicant information, including (please check all that apply):

- General Application Information
- Program Participant Information

To the person(s) or organization(s) named below. This information is to be disclosed for the following purpose(s) only: coordination of support.

Recipient Information:

Name of Person/Organization: _____

Address: _____

Phone: _____ Email Address: _____

Please Check One: School Personnel Provider Advocate Other: _____

Name of Person/Organization: _____

Address: _____

Phone: _____ Email Address: _____

Please Check One: School Personnel Provider Advocate Other: _____

Name of Person/Organization: _____

Address: _____

Phone: _____ Email Address: _____

Please Check One: School Personnel Provider Advocate Other: _____

Expiration:

This authorization is valid from the date of signature until one year from the date of signature.

Right to Revoke:

I understand that I have the right to revoke this authorization at any time by providing written notice to Blue Skies for Children. I understand that revocation will not apply to information that has already been released in reliance upon this authorization.

Parent/Legal Guardian Signature: _____ **Date:** _____

Witness Signature (as applicable): _____ **Date:** _____

I certify that I have read and understand the above information and authorize the disclosure of the application and application information as described. I understand that federal and state confidentiality regulations protect this information and cannot be disclosed without my written consent unless otherwise provided in the regulations.

For Office Use Only:

Date Received: _____ Date Disclosed: _____

Authorized by: _____

ENRICHMENT PARTICIPANT RELEASE
(OPTIONAL)

General Photographic Use Release

I, _____, the parent/guardian of _____, hereby authorize Blue Skies for Children, and/or its grantors, to use photographs and/or videos in which my child appears, for the purpose of describing or promoting the non-profit activities of Blue Skies for Children. I understand that Blue Skies will, under no circumstances, use my name or my child's name. I understand that an alternative name may be used, as well as my child's age, and the photographs, videos, and other enrichment activity information may be printed, published, distributed, or shared through all mediums, currently known or hereinafter invented, including, but not limited to, physical print and/or electronic mediums including, but not limited to, video, television, email, websites, and/or social media platforms.

I understand that I may revoke this privilege at any time by submitting a request in writing, however, this revocation would not affect photographs or videos previously shared. I understand there will be no compensation for damages for the distribution of a photograph, videos, or other information used in marketing materials, or shared with a sponsor, or shared with a foundation or other grant organization.

Parent/Guardian Signature

Date

Witness Signature

Date