



Parent Application

Thank you for your interest in participating in Honu Kids program! To ensure that we get a most fulsome picture of who your child is as well as your understanding of the parent/caregiver participation, please fill out the form below and email to **hello@honucreative.org**

Parent Information

Parent (1) Name: _____

Contact Number: _____

Email Address: _____

Parent (2) Name: _____

Contact Number: _____

Email Address: _____

Child Information

Child's Name: _____

Child's Grade: _____

Date of Birth: _____

☐

5-7 Year Old Group

☐

8-10 Year Old Group

School Information

Name of School: _____

School Counsellor/ Teacher Name: _____

Contact Number: _____

Email Address: _____

Reason/interest/hopes for participation in pilot program:

Child's strengths:

Challenges at home:

Challenges at school:

Commitment to attend ALL sessions:

☐ Yes
☐ No

Consent to collect data for research and program development purposes only:

☐ Yes
☐ No

Schedule intake interview- ideal days/times for a 15-minute phone call

Option 1	Option 2
Day:	Day:
Time:	Time:

☐ I give consent for the school to share supporting information regarding my child, _____'s social and emotional behaviour/functioning in the school setting.

Parent's Signature: _____

Progress Made: slow/ongoing? Good? Waitlisted for outside agency involvement? Can't ongoing outside agency support?

Has received outside counselling? If so, what type (ie art therapy, play therapy, talk therapy, etc.)?

Additional clarifying information (ie Specific diagnosis? Assessment in progress? Specific challenges? When/where/with whom? etc.):

*Please email any supporting documents to **hello@honucreative.org**

School Counsellor/ Teacher Signature: _____

Date: _____