



**One Time Little Wish and Enrichment Participation requirements:**

- Children must be in between the age of 6 to 18 or currently enrolled in high school.
- Applicants must be referred to Blue Skies for Children or meet income eligibility.
- Applicants must live in Whatcom or Skagit County.

**BSFC Policy:**

- Only 1 Little Wish OR 1 Enrichment Program can be granted per child, per year.
- Only 3 Little Wishes/Enrichment Program sponsorship per family, per year.

**How to Apply:**

- Complete the Little Wish Application.
- Turn in ALL required documentation.
- Wait for Blue Skies for Children to contact you.

Once your application has been processed and a provider has been contracted by Blue Skies for Children, you will be asked to visit our office to Sign the Parent/Guardian agreement and receive your authorized START DATE by a BSFC employee.

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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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



EMAIL TO: [nikki@blueskiesforchildren.org](mailto:nikki@blueskiesforchildren.org)  
SUBMIT TO: 2505 Cedarwood Ave Suite 5  
Bellingham, WA 98225

## Little Wish Application

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Pronouns: she / her / he / him / they / the

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: Whatcom / Skagit

Email: \_\_\_\_\_ Preferred communication: email / phone call / text

Household: \_\_\_\_\_ adults \_\_\_\_\_ children under 18 years of age

Marital Status (please circle one): Single / Married / Separated / Divorced / Widowed / Other

Origin: Caucasian / Hispanic / Russian / Ukraine / Native-American / African American / Other

*\*Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.*

Eligibility Verification: (please circle one): Homeless / Low-Income / Foster / Kinship / Refugee

I can submit proof of the following...

- Employment Income
- Unemployment Income
- SSI / SSD
- Child Support
- TANF Assistance
- Food Stamps
- Free/Reduced School Lunch
- Foster Placement Paperwork or Proof of Guardianship

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

**Enrichment Program Participant/s:**

Child's name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

One Time Little Wish Request: \_\_\_\_\_

*OR*

Enrichment Program Activity Request: \_\_\_\_\_

Child has had prior experience with this activity (circle): yes / no

if so, what? \_\_\_\_\_ where? \_\_\_\_\_

\_\_\_\_\_

Child's name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

One Time Little Wish Request: \_\_\_\_\_

*OR*

Enrichment Program Activity Request: \_\_\_\_\_

Child has had prior experience with this activity (circle): yes / no

if so, what? \_\_\_\_\_ where? \_\_\_\_\_

\_\_\_\_\_

Child's name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

One Time Little Wish Request: \_\_\_\_\_

*OR*

Enrichment Program Activity Request: \_\_\_\_\_

Child has had prior experience with this activity (circle): yes / no

if so, what? \_\_\_\_\_ where? \_\_\_\_\_

\_\_\_\_\_

# All About Me!

Hi, my name is: \_\_\_\_\_

I am \_\_\_\_\_ years old and in the \_\_\_\_\_ grade at \_\_\_\_\_

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 \_\_\_\_\_

My Little Wish is: \_\_\_\_\_

I want to learn how to: \_\_\_\_\_

A goal of mine is to: \_\_\_\_\_

\_\_\_\_\_

## My Favorites!!!

Food: \_\_\_\_\_

Holiday: \_\_\_\_\_

Sport: \_\_\_\_\_

Shoes: \_\_\_\_\_

Color: \_\_\_\_\_

Store in the Mall: \_\_\_\_\_

TV Show or Movie: \_\_\_\_\_

Cartoon Character: \_\_\_\_\_

Things to watch on YouTube: \_\_\_\_\_

What is your favorite thing about yourself? \_\_\_\_\_



## Enrichment Participant Release

### Sponsorship Release

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, hereby understand that Blue Skies for Children may or may not obtain a third-party Sponsor -- who may be an individual, company or other group -- who may financially support the Little Wish Enrichment Program in which my child participates in or may directly support my child's enrichment activity.

I understand that if a Sponsor is selected to support my child that the Sponsor will receive a photo of my child, a first name (not his/her real name), my child's age and a copy of my child's progress reports. I understand that Blue Skies for Children will, under no circumstances, share my name, my child's name or any other identifiable information with a Sponsor or any other party. This program does not allow for a child and Sponsor to meet in person.

I understand that I may revoke this release at any time by submitting a request in writing. However, this revocation would not affect photographs or other information previously shared. I understand there will be no compensation for damages for the distribution of a photograph or other information about my child to a Sponsor, foundation or grant organization. I also understand that by revoking this release may result in interruption, or termination, of my child's Enrichment Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### General Photographic Use Release

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, hereby authorize Blue Skies for Children, and/or it's 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

**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: \_\_\_\_\_