



EMAIL TO: enrichment@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? _____



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.

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? _____

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