

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number (parents, guardian, or personal):

\_\_\_\_\_

Email Address (parents, guardian, or personal):

\_\_\_\_\_

Why would you like to participate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferences (Gender, Age, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give my child, \_\_\_\_\_, permission to participate in the Adopt-A-Grandparent program.

Parent signature: \_\_\_\_\_

Adopt-A-Grandparent Program will be  
Second Monday of the Month @3:30 at Kenyon Sunset Home.  
[Turn in this form at Kenyon Sunset Home]  
Address: 127 Gunderson Blvd Kenyon, MN 55946