

Mail to:
Amazing Kids!
20126 Ballinger Way NE #239
Shoreline, WA 98155
Phone: 206-331-3807
Fax: 206-299-9131



Amazing Kids! PenPals Program - Parental Agreement

I, _____
Parent's First and Last Name (please print)

hereby give permission for my child, _____
Child's First and Last Name

to participate in the Amazing Kids! PenPals program. S/he will participate in this program with another child of similar age and same gender, selected by Amazing Kids! This selection will be based on the criteria which I, the parent, indicate on the registration form on the Amazing Kids! website at www.amazing-kids.org.

By signing this agreement, I agree to provide Amazing Kids! with my current contact information including a contact phone number, current email and mailing address. I understand that the information to be given to our child's pen pal and parent(s), teacher or group leader, is solely for the purposes of the PenPals program, and that Amazing Kids! will not share our personal information with anyone else. I hereby acknowledge that once the match has been made by Amazing Kids!, it is solely my responsibility as a parent, and not the Amazing Kids! organization, to oversee the pen pal correspondence between my child and her/his pen pal. I understand that Amazing Kids! makes no guarantees in the matching process, but will consider requests for an alternate pen pal should either my child or myself be unsatisfied with the original pen pal selection.

Child's Name: _____ Age: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

City/State (if outside U.S., Country): _____

Method of Payment (check one): Online/Credit Card _____ Check/Money Order _____

Online Payment Confirmation Number/Check Number: _____