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

Building a Lifetime of New Friendships, Two Kids at a Time™

Amazing Kids! PenPal Program – Teacher Agreement

I, _____,
First and Last Name *(please print)* of Teacher/Youth Group Leader/Agency Worker/etc.

a _____at _____,
Title (teacher, group leader, etc.) Name of School/Organization/Agency/etc.

hereby give permission for my students to participate in the Amazing Kids! PenPal program. I understand that they will participate in this program with another child of similar age/grade level, and same gender, selected by Amazing Kids! This selection will be based on the criteria which I, their supervisor, 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 my student's pen pal and parent(s), teacher or group leader, are solely for the purposes of the PenPal program, and that Amazing Kids! will not share any personal information with anyone else. I hereby acknowledge that once the match has been made by Amazing Kids!, it is solely my responsibility as the teacher/supervisor, and not the Amazing Kids! organization, to oversee the pen pal correspondence between my students and their pen pals. I understand that Amazing Kids! makes no guarantees in the matching process, but will consider requests for an alternate pen pal should either my student or myself be unsatisfied with the original pen pal selection.

Full Name: _____

Signature: _____ Date: _____

Total number of students:_____ How many girls?_____ How many boys?_____

Students' ages/grade levels:_____

Name of School/Agency/Etc:_____

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

Method of Payment (check one): Online/credit card_____ Check/Money Order _____