



Recipient Information Form

Adopt A Family Program 2018

(City of Novi children ages 1 to 17)

Name _____ Age _____ Gender _____

Address _____ City of Novi _____ Zip Code _____

Parent/Guardian Name _____ Telephone Number _____

School Name _____ Grade _____

Sizes

Coat _____ Shoes/Boots _____

Pants _____ Shirt _____

PJ'S _____ Socks _____

Wish List _____

Program closes November 1, 2018 – or when family limit is reached.

I understand that by participating in the program, I am authorizing Novi Youth Assistance to work with other non-profit organizations on my behalf. I understand that I may not be selected for this program if I am already receiving holiday assistance from another organization.

Parent/Guardian Signature and Date

Please turn in forms at Novi Community Education office
25745 Taft Road * Novi * Office 248-675-3424 * Fax 248-675-3435



Parent/Guardian Consent and Release

As the parent or legal guardian of _____ I, give my permission for him/her to participate in Novi Youth Assistance (NYA) programs. I grant permission for my child to participate in all on-site activities scheduled and needs assessment surveys for program evaluation. I understand that photos, slides, recordings, and/or videos of my child may be made during the program and I hereby authorize NYA to make, use, and maintain, without benefit or payment to the child, any such photos, slides, recordings, and/or videos for record, internal and promotional purposes. Your child's name may be given to other non-profit organizations. I give permission for my child (him/her) to receive intervention from Social Work Staff if necessary. I understand that NYA, its Board members, officers, directors, agents, volunteers, employees, and sponsors, either voluntary or employed, assume no responsibility whatever for any injury suffered by this child in the course of the Novi Youth Assistance Program or any related activity. I hereby release, exonerate and discharge NYA, its Board members, officers, directors, agents, volunteers, employees, and sponsors, either voluntary or employed from any and all liability, actions, or causes of action for any injuries suffered by this child while participating in Novi Youth Assistance Programs.

Signed: _____

Date: _____

Print name of parent or guardian: _____



Novi Youth Assistance
Novi Community Education
Oak Pointe Church

Adopt a Family Program
2018 Guidelines

1. Novi Residents only.
2. Low income, based on scholarship table.
3. Proof of income, copy of 2017 taxes, and proof of residency.
4. Open to children ages 17 and younger.
5. Programs close 11/01/2018 or when full.
6. Pick up one day only Saturday, December 15, 2018, 9:00am to 11:00am.

If the families do not qualify under the guidelines, direct families to:

Salvation Army
248-477-1153

Families may drop off completed forms at the
Community Education office.

Tanya Vuichard
248-675-3424