



**Part 2: To be completed by Parent/Guardian**

Parent/Guardian Name:

Email address:

Cell Phone Number:

Optional:

I/we would be willing to participate and film a parent/guardian and child interview.

I would be comfortable with my child sharing their demographic information on film.

**To complete this application, please read and check each box below to confirm the approval and support of your child's participation:**

I confirm that my child is applying to participate in the Level II video (ideal for grades 5-9) for Erika's Lighthouse.

I confirm that my child's story can be filmed and used as program education materials for Erika's Lighthouse, their school partners, and other community partnerships.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to [katie@erikaslighthouse.org](mailto:katie@erikaslighthouse.org). We look forward to hearing your stories!**