



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 educational videos 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 upload this completed form [here](#). We look forward to hearing your stories!