Big Brothers Big Sisters
A United Way Agency

Parent Enrollment Application

Parent/Guardian's Name:		Child's Name:		
Home Address:	City:	County:	State:	Zip:
Parent's Place of Employment:	Is Parent Receiving Income Assistance? Yes ____ No ____			
Home Phone: Cell Phone:	Work Phone:	Email:		
Best time to call:	Child's DOB:	Child's Gender	Child's Race:	

1. What is your child's living situation?
   ____ Two parent household
   ____ One Parent: _____ Female _____ Male
   ____ Other relative of child (non-parent)
   ____ Foster Home
   ____ Group Home
   ____ Other: _____

2. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister? _____ Yes ____ No

If yes, please describe: _____

3. Is there a person who shares custody of this child? ____Yes ____ No
   If yes, are they aware of the child's enrollment in BBBS? _____ Yes _____ No

4. Do you anticipate any significant life changes over the next year or have you had any in the past year? ____ Yes _____ No

If yes, please explain: _____

6. Does your child have a parent who is currently incarcerated? ____ Yes ____ No

I give my permission for my child, _____, to participate in the Big Brothers Big Sisters program. I understand that the BBBS agency is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional personal information. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report any concerns I might have to the Big Brothers Big Sisters staff.

Signed: _____ Date: _____

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