



BIG BROTHERS BIG SISTERS OF GREATER FORT ERIE

CHILD INQUIRY FOR SERVICE (to be completed by Parent / Guardian)

Child's Name _____

Date of Birth (m - d - y) _____ Age _____ Place of Birth _____

Full Address: _____

Postal Code _____ Home phone _____ Alternate Phone _____

Email: _____

School _____ Teacher's Name _____ Grade _____

Referral Source & Name _____

Parent / Guardian

Parent / Guardian Name _____ Date of Birth m-d-y _____

If Guardian, please note your relationship to child _____

Marital Status _____

YES NO Are you or your child involved with any other community agency?

Agency Name _____

Contact Person _____ Phone # _____

Other Parent

Other Parent's Name _____

Other Parent's Address _____

Other Parent's Home Phone _____ Work Phone _____

YES NO Is the other parent aware of your application for a Big Brother / Sister?

Other information you want to share? (Please include any medical or behaviour issues)

Your Name

Your Signature & Date

A Caseworker from Big Brothers Big Sisters will contact you to review this information and to assist with the completion of a full application for enrollment.