

Little Application (to be completed by the parent/guardian)

Child's Name
Child's Name
Date of Birth
Civic Address Postal Code
Mailing Address (if different from civic)
Postal Code
Home Phone Mobile Phone
E-mail
Languages Spoken
Health Card #
Emergency Contact
Home Phone: Work Phone:
Relationship to Child
Parent/Guardian
Parent/Guardian Name:
Please note relationship to child:
Date of Birth:
Are you employed? (can we call you at work? Yes No) Where?
Are you unemployed? EI? Social Assistance? Disability? Other
Are you a student? Where? Phone
Are you or your child involved with any other community agency? Yes No Agency Name: Phone:

Other Parent/Guardian

Jame:
address:
Home Phone: Work Phone: Relationship with Child:
f you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use hese rights? What are the access arrangements?
s the other parent aware of your application for the program?
eamily History/Situation Does anything prevent your child from fully participating in the program? Yes No
chool
chool: .ddress:
hone:Teacher:

About a Big Brother Big Sister Is your child aware of your application for a Big Brother Big Sister? Yes No If yes, what was the reaction? Confidentiality Just as we have to share information with you about the Mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? Yes If yes, please clearly state what you do not want shared: Your Name Your Signature Date The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.