



**Big Brothers Big Sisters**  
of North Central Arkansas

Child Enrollment Form

Today's Date: \_\_\_\_\_

Mark which program would be most beneficial to your child:

- School Based
- Community Based

Child's Name: \_\_\_\_\_

Child's Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

P/G Gender: \_\_\_ Male \_\_\_ Female      P/G Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ P/G Relationship to Child: \_\_\_\_\_

Is your spouse or a significant other living with you? Yes No      Is child in Foster Care? Yes No

Email: \_\_\_\_\_ P/G Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Household Income (please circle one): **Less than \$10,000 • \$10,000-\$14,999 • \$15,000-\$19,999 • \$20,000-\$24,999 • \$25,000-\$29,999 • \$30,000-\$34,999 • \$35,000-\$39,999 • \$40,000-\$44,999 • \$45,000-\$49,999 • \$50,000-\$59,999 • \$60,000-\$74,999 • \$75,000-\$99,999 • \$100,000 or more**

Race/Ethnicity: \_\_\_\_\_ Language Preference: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Is your child receiving free or reduced lunch? **Yes** or **No**

Is either of the Biological Parents Incarcerated? \_\_\_\_\_

If yes, who (name)? \_\_\_\_\_

What is the name of the facility they are incarcerated in? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

NAME

ADDRESS/CITY/ST/ZIP

PHONE

How did you hear about the BBBS program? \_\_\_\_\_

List everyone living in the Home: (please use an extra sheet of paper if more room is needed)

First and Last Name	DOB	Relationship to Child	Involved in BBBS?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Child's Living Situation (Please mark one of the following):

Two Parent (Married)  Two Parent (Unmarried)  One Parent (circle one: Male or Female)

Grandparents  Group Home  Foster Home  Institution  Unknown

Other (Please list): \_\_\_\_\_

Child's Physician: \_\_\_\_\_

NAME

PHONE

Is this child receiving counseling? Yes No Please Explain: \_\_\_\_\_

What is the counselor's name? \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is the reason for requesting a volunteer mentor for this child? \_\_\_\_\_

Is there anything else you would like to tell us about this child? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Authorization Form

EXCHANGE OF INFORMATION

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_  
Name of Parent/Guardian Name of Child

authorize the staff of Big Brothers Big Sisters to exchange information between the mentor, parent/guardian, and child.

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RELEASE OF SCHOOL INFORMATION

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_  
Name of Parent/Guardian Name of Child

authorize \_\_\_\_\_ to exchange information between the mentor,  
Name of School

parent/guardian, child and BBBS. While visiting my child at school the representative has permission to receive all information concerning the well being and academic condition of my child. BBBS is also authorized to request and obtain by mail or fax my child's academic attendance and behavior reports.

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RELEASE OF MEDICAL/COUNSELING INFORMATION

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_  
Name of Parent/Guardian Name of Child

authorize \_\_\_\_\_ and/or \_\_\_\_\_  
Name of Physician Name of counselor

to exchange information with Big Brothers Big Sisters.

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PHOTO/ MEDIA RELEASE CONSENT

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_  
Name of Parent/Guardian Name of Child

Do hereby consent to and authorize Big Brothers Big Sisters, or anyone authorized by Big Brothers Big Sisters, to the taking of pictures of my child by film or television camera, and to use said picture(s) for display or advertising purposes now or at any time in the future.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## *Interest Inventory*

Please circle the following activities that you would like to do with your Big or Little.

- |                         |                     |
|-------------------------|---------------------|
| Baseball                | Gardening           |
| Rolling-skating         | Hiking              |
| Ice-skating             | Visiting Parks      |
| Horseback Riding        | Cooking             |
| Camping                 | Card Games          |
| Picnics                 | Video Games         |
| Boating                 | Frisbee             |
| Water Skiing            | Shopping            |
| Swimming                | Miniature Golf      |
| Board Games             | Running             |
| Pool                    | Nature Activities   |
| Pinball Game            | Tennis              |
| Foosball                | Racquetball         |
| Golf                    | Soccer              |
| Ping-Pong               | Biking              |
| Go-carts                | Chemistry/ Science  |
| Computers               | Bowling             |
| Putting together models | Reading             |
| Fishing                 | Movies              |
| Drawing                 | Plays/ Theater      |
| Museums                 | Musical Instruments |
| Concerts                | Fixing Things       |
| Gymnastics              | Arts and Crafts     |
| Ballet                  | Painting            |
| Karate                  | Farm Work           |
| Ceramics                | History             |
| Zoos                    | Collecting things   |
| Electronics             | Football            |
| Sightseeing             | Watching sports     |

Are there other things that you would like to do? Please list them. \_\_\_\_\_

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