

Big Brothers Big Sisters of Franklin County Confidential Child Application

Child's Name:	Date of Birth:			
Child's primary address(s):				
Parent/Guardian Name(s):				
Parent/Guardian Email(s):				
Family:				
For Parent/Guardian #1:				
Name:	Relationship to child:			
Date of Birth:	Present marital status:			
Address:				
Cell phone:	Home Phone:			
Custody arrangements for child (if applicable):				
Present occupation:	Employer:			
Work schedule:	Work Phone:			
Highest grade completed:	May we contact you at work?	Yes	No	
Parent/Guardian #2 (if applicable):				
Name:	Relationship to child:			
Date of Birth:	Present marital status:			
Address:				
Cell phone:	Home Phone:			
Custody arrangements for child (if applicable):				
Present occupation:	Employer:			
Work schedule:	Work Phone:			
Highest grade completed:	May we contact you at work?	Yes	No	

Household : Please list all other people	e living in yo	our home.	
<u>Name</u>	<u>Sex</u>	<u>Age</u>	Relationship to Child
Do you have other children who you ar	e enrolling	that have	the SAME application information as this child?
	c cinomis	, that have	the 5.4ML application information as this child.
If YES, list their names here:			
**If you have another child to enroll w	vho has dif	ferent par	ental/contact information, please fill out an
additional, separate application for th	nem.		
Absent Parent: If your child has an	ahsant nar	ont plaasa	complete the following.
•	•	•	•
Name:		Pho	one:
Address if known:			
Does your child have any contact with	this parent	?	
Your Child:			
List some hobbies, interests, activities	or special a	bilities you	r child has:
, ,	·	,	
List significant behavioral or emotional	challenges	s your child	has:
Does your child have medical condition	ns or diagn	osis that a	mentor needs to know about?
Optional Information:			
	9.1	C	de la companya del companya de la companya del companya de la comp
			d our services are not based on income or ery helpful to us to be able to summarize the income
	_		information is optional, but very helpful to us.
Annual Household Income:			Income Source:
Do you receive free/reduced lunch assi	istance?:		
,			
How would you describe your child's ra	ace:		

Thank you for en	irolling your child w	ith BBBSFC. We	look forward to	reviewing your ch	ild's application