

Little Inquiry

Date:	
Parent/Guardian name:	
Child's name:	
Age of child:	
Date of Birth:	
Full mailing address:	
Phone #:	
Major Intersection:	

Please answer the following questions:

1. Does your child have any medical or behavioural issues that we should be aware of? If yes please elaborate.	
2. What is the primary reason for you wanting your son or daughter to have a Big Brother or Big Sister?	
3. Please list any agencies that have been involved with your child in the last 2 years. Details of the agency such as address phone # etc will be asked on the application form.	

Please note that if you do not have full custody a letter from the other parent will be needed to proceed. If applicable please circle the custody arrangement:

Full custody		Joint Custody		Legal Guardianship	
Marital Status	Single	Married	Divorced	Separated	Widowed
How did you hear about our agency:					

