

**ALL FORMS IN THE PACKET
MUST BE COMPLETED IN FULL,
SIGNED AND RETURNED BY
MAIL
TO:**

**Big Brothers Big Sisters
of Northeast Ohio
8 North State Street
Suite 360
Painesville, Ohio 44077**

Enroll Your Child Application Form

BIG BROTHERS BIG SISTERS OF NORTHEAST OHIO
8 North State St. Suite 360 Painesville, OH 44077 (Lake & Geauga)
2010 E. Prospect P. O. Box 2683 Ashtabula, Ohio 44005 (Ashtabula)

CLIENT APPLICATION – CONFIDENTIAL

Child's Name _____ Age _____
(last) (first) (middle)

Telephone _____ Birthdate _____ Male _____ Female _____

Address _____
(street) (city) (zip) (County)

School _____ Grade _____ Social Security Number _____

How did you hear about this program? _____

Information about Custodial Parent/Guardian

Name _____ Birthdate _____ Age _____

Relationship to the child _____

Address & telephone if different than child's _____

Employer's Name & Address _____

Employer Phone _____ Can phone calls be
received? _____

Hours at work _____ Occupation _____

Do you plan to remain in this area for the next 2
years? _____

Marital History: Are you currently married? Yes _____ No _____

If yes: Please provide information about this parent. Biological _____ Step _____

Name _____ Birthdate _____ Phone # if different _____

Address if different than child's: _____

Employer's Name & Address _____

Employer's Phone # _____

Occupation _____

Hours at work _____ Can phone calls be received? _____

Please provide information about biological parent, if different than above.

Name _____ Married From _____ to _____ Divorce ____ Death ____

Current address: _____ When did child last see parent? _____

Is this relationship with child: biological step_ positive____ negative____ indifferent____

Does non-custodial parent share custody? _____ # of children from this marriage _____

Does parent have legal visiting rights? _____ How often? _____

Other Marriages or Significant Others:

Name Married Ended Divorce/Death #of Children

To the best of your knowledge, do you plan to remarry within the next year? _____

LIST EVERYONE WHO LIVES IN YOUR HOUSE

NAME RELATIONSHIP TO CHILD AGE

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION TO RELEASE INFORMATION

(NAME OF CHILD)

(BIRTHDATE)

(NUMBER)

(STREET)

(CITY)

(STATE)

(ZIP CODE)

I, _____

(NAME OF PARENT/GUARDIAN)

do hereby authorize _____

(SCHOOL AND GRADE)

to give Big Brothers Big Sisters of Northeast Ohio, Inc., information concerning my child's background. Big Brothers Big Sisters of Northeast Ohio, Inc. agrees to treat this information as confidential for its use in their organization.

I hereby release the above school of any liability and obligation in respect to laws governing confidential information. I understand that this authorization is valid for the duration of my child's match or as long as Big Brothers Big Sisters of Northeast Ohio, Inc. is providing services to my child. This authorization may be revoked at any time, but must be done so in writing. If I revoke this authorization, I understand that all information will cease to be released.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

(WITNESS)

(DATE)