

BECOME A LITTLE ~ Child Referral Form

Boys & Girls Clubs Big Brothers Big Sisters embodies the principles of diversity and welcomes participation regardless of race, religion, culture or sexual orientation.

CHILDNAME: _____
(First) (Middle) (Last)

Gender: Male Female Birthdate (MM/DD/YY): _____

Current School: _____ Grade: _____

CUSTODIAL PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Relationship to Child: _____

E-mail address: _____

Address: _____

City: _____ Postal Code: _____

Any Plans to move? Yes No If Yes, When/ Where? _____

Telephone: Home#: _____ Cell # _____

Work # _____ Best Time to contact: 9-5 Evenings

Email Address: _____

Other way(s) to contact Parent: _____

At what phone number can we reach you during the day: _____

In cases of joint custody, we must receive consent from both parents to proceed. If applicable, please indicate which Custody Agreement applies to this child.

Custody: Sole Joint

Other Parent/Guardian(s) Name(s): _____

Relationship to Child: _____

E-mail address: _____

Address: _____

City: _____ Postal Code: _____

Any Plans to move? Yes No If Yes, When/ Where? _____

Telephone: Home#: _____ Cell # _____

Work # _____ Best Time to contact: 9-5 Evenings

Email Address: _____

Other way(s) to contact Parent: _____

Emergency Contact (provided by parent): _____

Relationship: _____ Ph: _____

Number of Siblings: _____ Names of Siblings: _____

Does the child have any siblings currently involved in BBBS programs?

Do you currently have involvement with the Child and Family Services Authority (CFSA)? Yes No

What is the level of Involvement: Family Enhancement Protection

CFSA office location: _____ Social Worker's name _____

Phone: _____

What is your family's cultural background? _____

Parent Languages Spoken: _____ Child Languages Spoken: _____

Do you need an interpreter? YES NO

Was your child born in Canada YES NO Is your child a Canadian Citizen YES NO

If no, please indicate place of birth: _____ And length of time in Canada? _____

Immigration Number/Permanent Resident Card

(if applicable)

This information is collected and shared with funding bodies as part of our agreement with provincial and federal funding sources.

GETTING TO KNOW YOUR CHILD

This information will help us begin to understand your child, which will help us find a good mentor.

Why do you want a mentor for your child?

Does your child have any specific medical conditions, allergies or other concerns we should know about? If yes, please describe:

Tell us about your child's personality and strengths.

Is there anything you would like us to be aware of that would assist us in finding the right mentor for your child? If yes, please describe:

What other programs or services does your family participate in? (please include any support workers linked with **your family, youth workers, YMCA programs, aid workers, etc.)**

Please check any of the following characteristics that describe your child:

- | | | |
|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Active | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Helpful | |

Please check any of the following that describes your child's interests:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Reading/Books | <input type="checkbox"/> Board Games/Cards | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Music | <input type="checkbox"/> Sports | |
| <input type="checkbox"/> Building(Lego) | | |

Additional Comments:

Referral Name: _____ Date: _____

Parent Signature: _____



Boys & Girls Clubs



Big Brothers Big Sisters

Boys & Girls Clubs Big Brothers Big Sisters
of Edmonton & Area