

LITTLE BROTHER LITTLE SISTER APPLICATION



DATE _____ CHILD'S NAME _____ (Include child's photo if possible)
EMAIL CONTACT: _____ AGE _____ BIRTHDAY _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
MAILING ADDRESS (if different) _____
PARENT/GUARDIAN HOME PHONE _____ WORK PHONE _____ CELL _____
Is it permissible for the parent/guardian to be telephoned at work? () YES () NO
REFERRED BY _____
Why do you feel this child needs a Big Brother or Big Sister _____

FAMILY INFORMATION

PARENT/GRANDPARENT/GUARDIAN (Please Circle One)

PARENT/GUARDIAN NAME _____ BIRTHDAY _____
ADDRESS _____ OCCUPATION _____
PARENT/GUARDIAN NAME _____ BIRTHDAY _____
ADDRESS _____ OCCUPATION _____

MARITAL STATUS

Mother: Married () Single () Separated () Divorced () Widowed ()
Father: Married () Single () Separated () Divorced () Widowed ()

SIBLINGS: NAME BIRTHDATE LIVING AT HOME?
1. _____
2. _____
3. _____
4. _____

SCHOOL INFORMATION

CHILD'S SCHOOL _____ GRADE _____ TEACHER _____
Please check where appropriate:

____ Permission is granted to provide my name & address to other organizations for the purpose of receiving information on educational and recreational opportunities.
____ Permission is granted to use my child's name & photograph in presenting the program to the community.

RELEASE

In consideration of the permission granted to my child/grandchild to be a Little and participate in sponsored group activities, I hereby for myself, my heirs, administrators, and assigns release, remise and discharge Big Brothers Big Sisters of Flathead County and their respective servants, agents, officers, and officials from all claims, demands, actions, and causes of action for injury sustained to the person or property of _____, a Little Brother/Sister during his/her participation in sponsored activities due to negligence or any other fault. I HAVE READ THE FOREGOING RELEASE.

Dated this _____ day of _____ 20_____

(PARENT/GRANDPARENT/GUARDIAN SIGNATURE)