



Big Brothers Big Sisters
of Peel

71 West Drive, Unit 23
Brampton, Ontario L6T 5E2
Phone: (905) 457-7288 Fax: (905) 454-0769
E-mail: info.peel@bigbrothersbigsisters.ca
Website: www.bbbspeel.com

APPLICATION FOR SERVICE

If you have any questions while completing this application, please contact us

A: GENERAL INFORMATION:

Child's Name: _____
(Last) (First) (Middle)

Birthdate ____/____/____
Day Mo. Year

Male Female

Address: _____
Apt./Unit Street Name City/Town Postal Code

Are there plans to move? _____ If yes, when? _____

Email Address: _____
(if one is available)

Parent/Caregiver's Name: _____

Relationship to Child: _____

Telephone: Residence (____) _____ Cell: (____) _____

If employed: Business Name and Address:

Business Telephone: (____) _____ May we call you at work? _____

**Please Provide an Emergency Contact Person: _____

Emergency Contact's Telephone: Residence (____) _____

Emergency Cell: (____) _____ Emergency Work: (____) _____

B: INFORMATION ABOUT CHILD

Why do you want your child to be involved in our program?

Have you ever been involved with a Big Brothers Big Sisters agency? _____

How does the child feel about the possibility of becoming involved with the agency? _____

Please describe child's personality, strengths and behaviour.

Child's School: _____ Present Grade: _____

Teacher's Name: _____

What area does child do well in school? _____

Are there some areas of difficulty? (eg. Subjects, behaviour, friends) _____

What activities does child like doing outside school? _____

Is child involved in any organized extra curricular activities? (eg. Scouts, Guides, sports teams, etc.)

If yes, please list: _____

How did you find out about Big Brothers Big Sisters? (name of professional, teacher, counsellor would be helpful) _____

C: INFORMATION ABOUT FAMILY

Please list all members of household:

Name:	Relationship to child	Age	Occupation or School
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

List siblings who are also applying:

_____	_____
_____	_____
_____	_____

Are there any other significant adults in the child's life (frequency of contact, supportive of the family?)

Information about absent parent(s), (if applicable)

Name	Address and Phone Number (if known)	Present Marital Status
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What custody arrangements exist (sole, joint, shared, etc)? _____

What visitation arrangements exist? _____

When did child last see the absent parent? _____

Will the absent parent support agency involvement? _____

D: HEALTH RELATED QUESTIONS

What is the child's general state of health? _____

Does child have any limitations that will affect participation in our program? _____

Does child have allergies? _____ Please list: _____

Is child taking any prescribed medications? _____ If yes, please describe fully.

Who is child's doctor? _____ Phone: _____

What is child's Ontario Health Card Number? _____

Has the child or family received any help from other agencies, schools, psychiatrists, psychologists, social workers, etc?
If so, please list below: Who, Where and When.

If you have a photo available, please forward with application.

Signature of Parent(s)/Caregiver(s)

Date: _____

Date: _____

Application Process:

- ✓ Complete application and return to office by fax, mail or in person.
- ✓ Agency will call upon receipt of application
- ✓ As space in our programs becomes available, the agency will contact family for Orientation and Child Safety Training Session. The Orientation and Child Safety Training Session will take place at our office: 71 West Drive, Unit 23 in Brampton.
- ✓ A Child and Family Interview will be arranged next to confirm eligibility for service.

If you have any questions or concerns, please contact us at 905-457-7288 ext. 265