



**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@bbbspeel.com  
Website: www.bbbspeel.com

**APPLICATION FOR SERVICE**

If you have any questions while completing this application, please contact us and we would be happy to help.

**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?

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

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

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Please describe child's personality, strengths and behaviour.

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Child's School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

What area does child do well in school? \_\_\_\_\_

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

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What activities does child like doing outside school? \_\_\_\_\_

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

If yes, please list: \_\_\_\_\_

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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. 211