



A.I.M./ HIGH FIVE CHILD APPLICATION

Parent/Guardian Information

Parent/Guardian Name (First & Last):	Relationship to Child:	Do you have legal custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City, State, ZIP Code:	Email:
Phone Number:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the best time to contact you?

Child Information

Child's Name (First & Last):	Child's Preferred Name/Nickname:	Child's Date of Birth:
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's School:	Child's Grade & Teacher:
Child's Living Situation: <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household <input type="checkbox"/> Foster Home <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Male		
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Other		
Is your child eligible for free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a caregiver with military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes: <input type="checkbox"/> Active; <input type="checkbox"/> Deployed; or <input type="checkbox"/> Retired	Does your child have a parent who is currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any allergies or health conditions that may affect your child's participation in Big Brothers Big Sisters. _____		
Please list names and ages of other children in household: _____		



Big Brothers Big Sisters of Decatur County

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program to be matched with a volunteer who has been screened and approved by Big Brothers Big Sisters;
2. Volunteer and child to meet one day each week during child's lunch to develop a friendship, Build confidence and self-esteem; and Emphasize education and avoiding risky behaviors. Contact with volunteer outside school is prohibited
3. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
4. To have my child complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
5. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
6. For my child to remain in program until he/she or mentor can no longer participate.

The mission of the Big Brothers BigSisters AIM Program is to provide elementary age children who have been referred by school staff with a volunteer mentor who will offer support and encouragement to child by meeting once a week to eat lunch, enjoy good conversations, and have a good time.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____ **Date:** _____

I give permission for Big Brothers Big Sisters of Decatur County to use my child's picture and name for publicity.

Parent/Guardian Signature: _____ **Date:** _____



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If caregiver has military experience, please list dates of service:

Branch: Air Force Army Marine Corps Navy Coast Guard

Component: Active National Guard Reserve

Is the parent currently deployed?

If yes, please the date of deployment:

Is the parent retired from the military? Yes No

Is the parent separated/discharged (other than retired)? Yes No

Does your child have a parent/caregiver that is considered fallen, wounded or disabled? Yes No

2. Has your child ever been arrested or involved in the juvenile justice system?

Yes. Please explain:

No

3. Within the last year, has your child been in any trouble at school?

Poor Grades

Skipping school/classes

Truant

Behavior problems (Describe: _____)

Has been suspended (Reason for suspension: _____)

Has been expelled (Reason for expulsion: _____)

Sent to an alternative school (Reason for school change: _____)

4. Number of people (adults and children) in household: _____

5. Is parent/guardian receiving income assistance? Yes No

6. Is parent/guardian receiving assistance with housing (i.e. Section 8, residence in public-housing, etc.)? Yes No

If living in a housing development, please list the name: _____

7. Please check your estimated household income:

0-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$30,000 \$30,001-\$50,000 \$50,001+

Does your child receive any of these services?

Special Education Speech Therapy Tutoring In-school Counseling Other Counseling

Describe:

Additional Questions:

10. What strengths does your child have that a Big might be able to help grow?

11. What are some of the needs your child has (could be social, emotional, behavior, or academic) that a Big may be able to help him/her with?



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12. Are there other ways you think a Big Brother or Big Sister can support your child?

13. How would you describe the best mentor for your child?

14. Is there anything else we need to know before matching your child with a Big?

15. Do you anticipate any significant life changes over the next year or have you had any in the past year (i.e. moving, child changing schools, etc.)?