



ENROLL A CHILD

Your child has unlimited potential. We are not uncovering or granting that potential. We are not saviors or heroes. Instead, we promise to invest in meaningful one-to-one mentoring relationships with kids to help them ignite and harness their own potential-the potential that they have had all along.

Kids who are matched with a Big Brother or Big Sister are more likely to:

- Be more confident
- Steer clear of drugs and alcohol
- Do better in school
- Get along better with friends and family
- Feel better about themselves

You know what's best for your child, so we'll need your help from the start. You'll provide us information about your child's strengths and needs, and help us in matching your child with the best possible Big Brother or Big Sister.

*Your child's safety is extremely important to us. Big Brothers Big Sisters conducts a thorough background check on every potential volunteer in our program, and every relationship is closely monitored and supported by a professionally trained Mentoring Specialist.

Parents and guardians are not just part of the process, they're part of the success.

When it comes to the future of our children and the well-being of our communities, we're all in this together. So it should come as no surprise that we need the parents and guardians of Littles involved every step of the way, starting with the initial match.

Not only will you provide information about your child's strengths and needs, you will also approve the selection of the Big Brother or Big Sister. Once the match is made, you remain closely involved in many ways, including:

- Approving activities and outings for your child and their Big
- Asking your child questions about those outings, and sharing what you learn with us
- Reporting your child's progress and milestones to us on a regular basis (Big Brothers Big Sisters will contact you on a regular basis, but we welcome your feedback any time)
- Participating in child safety training and reinforcing the importance with your child



Community-Based Program

Our Community-based Mentoring is the traditional Big Brothers Big Sisters' program, where Bigs and Littles get together on their own to share fun activities they both enjoy. The Community Program is flexible to accommodate a variety of schedules.

To ensure a positive experience for both the child and volunteer, an assortment of activity options and ideas are provided along with the training and support of our professional Mentoring Specialist.

Getting together is a great time for both the Big and the Little. It doesn't require a special occasion or expensive activities; just a few hours every month to share the simple things you already like to do. Some examples of activities are:

- Taking a walk in the park
- Going to a museum
- Inspiring each other
- Listening to music
- Hanging out and talking

Some Bigs meet their Littles on the weekends. Others get together with their Little in the evenings. Each match is unique and develops a schedule that works for them.

School-Based Program

It may sound obvious, but sometimes the best place to help a child realize their potential is at school. Kids enjoy having their Bigs meet with them there, whether it's in the classroom or on the playground. And parents know what a positive impact it makes.

IT'S TEACHER-APPROVED - Some of the biggest supporters of our School-Based Mentoring program are teachers. They see students come back from their time with their Big filled with confidence, with a big smile, ready to learn and eager to succeed.

LEARNING ABOUT LIFE - Although it takes place at school, our School-Based Mentoring program isn't limited to the classroom. Of course, some Littles do talk with their Bigs about class, or do homework, or read together, but it's perfectly fine to shoot hoops in the gym or play on the playground. At the end of the day, it's really all about developing a friendship, providing guidance and inspiring them to reach their potential.

At Big Brothers Big Sisters, we have the ability to impact children and put them on the right path.



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 Petoskey, MI 49770
 231-313-7323

CHILD APPLICATION

School-Based

Parent/Guardian's name _____ Relationship to child _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the BBBS program? Yes No

Name _____ Phone Number _____

Child's First Name:		Middle Name:		Last Name:	
Preferred Name/ Nickname:		Child's Gender:		Child's Date of Birth:	
What is the child's living situation? <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (Female / Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____					
Home Phone:		Parent Cell Phone:	Child Cell Phone:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:		City:	County:		State: Zip:
Parent/ Guardian E-mail:			Child E-mail:		
Child's School:		Grade:	Student ID Number:		
Child's Race/ Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi- race (check all that apply) Primary Language Spoken: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> English <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"/> Spanish <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"/> Other <input type="checkbox"/> White					
Parent Place of Employment:		Parent Work Phone Number:		May we contact you (the parent/ guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check the best number and time to contact you (the parent/ guardian)? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			If we are unable to reach you, who is someone we could call who always knows how to reach you? Name: _____ Relation to child: _____ Phone Number: _____		

OTHER MEMBERS OF CHILD'S HOUSEHOLD (If more, please list on back of form)

1.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD
2.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD
3.	NAME	GENDER	BIRTHDATE	RELATIONSHIP TO CHILD

1. Is the parent/ guardian receiving income assistance at this time? Yes No
2. Is the child eligible for free or reduced lunch? Yes No
3. Does our child have a parent/caregiver with current or past military experience? Yes No
4. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program? If yes, please provide their name(s): Yes No
5. Will your child be able to commit to meeting with their Bigs at school during lunch, recess, extended day or other agreed up time? If no, please explain. Yes No
6. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
7. Does your child receive any of the following services?
 Special Education Speech Therapy Tutoring In- school Counseling Other Counseling
8. In selecting a volunteer for your child, do you as the parent have any preferences regarding volunteer: (Check all that apply)
 Race/ Ethnicity Religious background Sexual Orientation Age Other

Explain:

9. Please describe your child's family life: indicate any challenges, successes, or routines:

Often times, Bigs agencies qualify for financial support to help fund the cost of mentoring relationships for children who have experienced certain life events. Questions 11-13 are asked with this in mind.

11. Does your child have a parent/guardian who is currently incarcerated? If yes, please explain. Yes No
12. Has your child ever been arrested or involved in the juvenile justice system? If yes, please explain. Yes No

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Poor Grades | <input type="checkbox"/> Truant | <input type="checkbox"/> Behavior problems |
| <input type="checkbox"/> Has been suspended | <input type="checkbox"/> Has been expelled | <input type="checkbox"/> Skipping school/classes |

14. Please check any of the following options that may apply to your child.

A) Mental Health:

- | | |
|---|--|
| <input type="checkbox"/> Anxiety/ Panic Disorder | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Oppositional Defiance Disorder (ODD) | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Other | |

Other: _____

B) Developmental Diagnosis/ Learning Disability/ Medical Conditions:

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Attention Deficit Hyperactive Disorder | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cerebral Palsy | |
| <input type="checkbox"/> Other | |

Other: _____

C) Exposure to Trauma:

You are not required to answer this section if you are not comfortable. However, it will give us the best overall understanding of your child

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Neglect: | <input type="checkbox"/> Abuse: |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Physical |
| | <input type="checkbox"/> Emotional |

If you prefer to have a Mentoring Specialist call you directly, please check this box

Other: _____



PARENT OR GUARDIAN AGREEMENT FOR SCHOOL-BASED PROGRAM PARTICIPATION

I understand that I must be supportive of this relationship in order for my child to benefit as much as possible therefore I will:

1. Grant permission for my son/ daughter to participate in the Big Brothers Big Sisters School-based program.
2. Allow my child to meet with the volunteer who has been screened and approved by BBBS once a week during the agreed time (lunch/ recess or extended day school hour)
3. Allow Big Brothers Big Sisters to interview my son/ daughter at school to learn about their interests, what they think about having a mentor at school and prepare them for a potential match.
4. Authorize the school to release my child's scholastic information through Power School or other means to Big Brothers Big Sisters and my child's mentor for the purpose of providing support and encouragement in any academic areas of need.
5. Have myself and my child participate in an in-take interview conducted by BBBS staff and complete questionnaires throughout his/ her time in the program containing questions about school, home life and personal interests.
6. Not allow contact between my child and their mentor outside of the school setting. I will contact Big Brothers Big Sisters if the mentor asks to spend time with my child outside of school.
7. Discuss match activities with my child after he/she has met with his/her mentor at school and contact Big Brothers Big Sisters if I have questions or concerns.
8. Have my child talk with Big Brothers Big Sisters staff person about personal safety.
9. Allow for BBBS staff to meet with my child at school for the purpose of supporting the mentor relationship, addressing concerns and tracking match goal/ outcomes.
10. Understand that staff members of Big Brothers Big Sisters of Northwestern Michigan are mandated by law to report concerns regarding abuse/ neglect of any child.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. 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 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 above in Parental Understanding and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

I certify that all of the information on this form is true and correct.

Signature: _____

Date: _____



MEDIA RELEASE PERMISSION

I allow my child to take part as talent in Public Service Announcements for television and/or radio, Bigs Social Media page, and/or photos for public relations, agency web-site, displays, or fundraising events; and that my child's name may be used. **If you do not wish to have your child participate in these public service announcements please check the NO box below.**

NO _____(please initial)

I have read the above parameters of the Big Brothers Big Sisters School-Based Program and I agree to abide by them as long as my child is in the program. I understand I may terminate my child's participation in the program at any time and have the right to approve or disapprove activities at school between my child and the Big Brother/Big Sister mentor.

Print Name _____

Signature: _____

Date: _____