



4 North 7th Street
Zanesville, OH 43701
www.bbbsz.org
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Phone: 740-453-7300

Child Enrollment Form

Please complete all portions of the enrollment form. If unknown, please write "don't know" or "not applicable."
Once completed, please return to the child's teacher.

Child Information

Child's Full Name: _____ Date of Birth: _____ Age: _____
Gender: _____ Pronouns: _____ Race/Ethnicity: _____
School: _____ Grade: _____ Teacher: _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____ OK to text? Yes No

Please list a working email address below; this is how we will send out match updates and monthly communications. If you do not have an email, this information will be mailed to you.

Parent/Guardian Email: _____

Address:

Street City State Zip

Parent/Guardian Questionnaire

1. Who lives in the child's home?

2. Name three areas that you would like to see your child grow this school year:

a. _____
b. _____
c. _____

3. Please list any special needs/concerns:

4. What types of activities does your child enjoy? Please list:

5. Describe your child's personality (ie. shy, outgoing, passive, active, laid back, etc.):

6. May we use your child's photograph and first name for the purpose of publicity efforts by Big Brothers Big Sisters?

YES NO

The below information is obtained for funding purposes. All information is strictly confidential and only used as data and not with personal identity specific to your family or child. Please contact us if you have any questions regarding this collection of data below.

7. Big Brothers Big Sisters of Zanesville has a program for children of parents who are currently or who have been incarcerated in a state or federal prison. Would this program apply to your child?

YES NO If yes, please provide:

Name of incarcerated parent: _____ Name of state or federal prison: _____

8. Does the child receive free/reduced lunch? YES NO

9. Does the child's family receive any type of income assistance? YES NO

10. Does the child have a parent that is serving or has served in the military?

ACTIVE RETIRED DECEASED N/A

11. Has the child had any prior involvement with the juvenile justice system? YES NO

12. Does your child receive special education services? YES NO

13. Does your child receive counseling services? YES NO

14. Does your child have a mental health diagnosis?

YES NO If yes, please list: _____

15. Does your child have any physical health impairments?

YES NO If yes, please list: _____

16. Does your child have any food allergies?

YES NO If yes, please list: _____

17. Within the past year, has your child been in trouble at school for any of the below reasons? Circle all that apply.

POOR GRADES TRUANT SKIPPING SCHOOL/CLASSES BEHAVIORAL PROBLEMS

Parent/Guardian Certification

Read the below statements carefully and initial & sign to signify that you agree.

I give permission:

1. for my child to participate in the Big Brothers Big Sisters Lunch Buddies Program [redacted]
2. for the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports) [redacted]
3. to have my child complete a questionnaire containing questions about school, home life, and personal interests [redacted]
4. to have my child talk with a Big Brothers Big Sisters staff person about personal safety [redacted]

I understand that this program relies on volunteers and my child will be matched as volunteers become available. You will be notified if your child is matched (or not). Please contact our office for additional information or questions.

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

Child Pre-Interview Questionnaire

Please complete the entire pre-interview with your child and fill in their answers. If unknown, please write “don’t know” or “not applicable.”

Once completed, please return to the child's teacher along with their application.

1. Do you know what Lunch Buddies is? Do you know what it means to have a “Big”?
 - a. *If your child says no, you can explain to them that Lunch Buddies is a time where they will eat lunch and play a game with an older friend (called a “Big”) once a week during their lunch time!*

2. Do you think you would want to have a Big and be a part of Lunch Buddies? Why?

3. Tell me what you think about school.
 - a. Do you like school? Why or why not?

4. Do you think school is important? Why or why not?
 - a. Are there any subjects or areas that you need help with learning? Which subjects are the hardest?

5. What do you like to do with your friends?

6. What is something you are looking forward to for this year’s Lunch Buddies program?