



Big Pals - Little Pals

of Greater Columbus

LITTLE PAL APPLICATION

Name of Person Completing Form: _____ 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 BPLP program?: Yes No

Answers to demographic and income-related questions are needed for the agency to receive funding and provide reports for funding. Your personal information will not be shared and we do not discriminate basis of race, color, national origin, gender, age, marital status, disability, sexual orientation or socioeconomic status.

Child's First Name:		Middle Name:	Last Name:	
Child's 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 (<input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Parent and step-parent household <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:	State:	Zip:
Parent/Guardian E-mail:			Child E-mail:	
Child's School:		Grade:	Does child receive free or reduced-cost lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Race/Ethnicity: (check all that apply)				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
Parent Place of Employment:				
Parent Work Phone #:				
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 way to contact you:			If we are unable to reach you, who is someone we could call who always knows how to reach you?	
<input type="checkbox"/> Call home number <input type="checkbox"/> Call cell number <input type="checkbox"/> Text cell number <input type="checkbox"/> Email <input type="checkbox"/> Other _____			Name:	
			Phone Number:	
			Relationship:	

1. What is the primary reason for you wanting your child to have a Big Pal?

2. Does your child know that you are applying for the program? Does your child want to participate?

3. Where did you hear about Big Pals Little Pals? Please check all that apply and provide details in space given.
 - School
 - Relative
 - Faith Organization
 - Website
 - TV/Radio
 - Event
 - Other

4. Does your child have siblings or relatives who are applying for the BPLP program at this time or who are currently in the program?
 - Yes No If yes, please provide their name(s):

5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving, a new baby in the family or a parent getting married?
 - Yes No If yes, please explain:

6. Will your child be able to meet with their Big Pal once a week for the next year?
 - Yes No

7. Does your child have any medical conditions that might affect him or her participating in activities with a Big Pal?
 - Yes No If yes, please explain:

8. Who lives in your household?

Name	Relationship to child

9. Does your child have a parent/guardian who is currently incarcerated? Yes No
 - If yes, please explain:

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

Yes (Please explain: _____)

No

11. 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: _____)

12. Is there someone that your child knows personally and looks up to? Or is there someone you know who you feel may be a good mentor to your child? (Examples may include a coach, employee at an after-school program or youth pastor at your church.)

Name: _____

How your child knows this person: _____

13. Is there anything else that would be helpful for us to know about your child or your family?

*Please return this completed application to the Big Pals-Little Pals office at 3020 18th St, Columbus, NE 68601.
An online version of this application is available at bigpals.org, under the "Get a Big Pal" option on the menu.*

Questions? Please call Andrea at 402-563-1081 or email at bigpals@megavision.com.