

PARENT/YOUTH INQUIRY RECORD

Date of Inquiry: _____

Parent/Guardian's Name: _____

Child's Name: _____ Age: _____

Address: _____

City: _____ County: _____ State: ___ Zip: _____

Name of Employer: _____ Work Phone: _____ Cell: _____

Email: _____ Home Phone: _____

Child's School: _____ Grade: _____

What is the primary reason for you wanting your child to have a Big Brother/Big Sister?

How did you hear about us?

Does your child have other siblings who could benefit from having a Big Brother or Big Sister?

When and where would it be most convenient to talk with you and your child so that we can start going to get them matched?

Interview Date: _____ Time: _____ Location: _____

Enrollment Staff Assigned: _____

Staff Taking Inquiry: _____

Comments:
