

CHILD ENROLLMENT FORM

PLEASE PRINT

Date: ____ - ____ - ____

INFORMATION ON CHILD:

First Name

Middle

Last Name

Age

Date of Birth

Sex: Male Female
(Circle One)

School Attending

Grade

INFORMATION ON PARENT/GUARDIAN:

First Name

Last Name

Street Address

City

State

Zip Code

Home Phone

E-Mail Address

Place of Employment

Work Phone

PLEASE PRINT AND MAIL FORM TO:

Big Brothers Big Sisters of St. Joseph County, Inc.
218 W. Washington St., Suite 710
South Bend, IN 46601