

BIG BROTHERS BIG SISTERS OF SOUTH TEXAS
202 Baltimore San Antonio, Texas 78215
Phone (210) 225-6322, Fax (210) 225-1961

PARENT/YOUTH INQUIRY

Date of Inquiry: _____

Program of Interest:

Community-based School-based Boys & Girls Club Seton Home St. PJ's Home Transplants for Children

Parent's Name: _____

Address, City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Child's Name: _____ Age: _____ DOB: ____/____/____ Gender: __F__M

Ethnicity: _____ Child's school: _____ Grade: _____

Child's Name: _____ Age: _____ DOB: ____/____/____ Gender: __F__M

Ethnicity: _____ Child's school: _____ Grade: _____

Child's Name: _____ Age: _____ DOB: ____/____/____ Gender: __F__M

Ethnicity: _____ Child's school: _____ Grade: _____

Child's Name: _____ Age: _____ DOB: ____/____/____ Gender: __F__M

Ethnicity: _____ Child's school: _____ Grade: _____

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

Do you feel your son or daughter has any conditions that will affect him or her relating to a Big Brother/Big Sister? If yes, briefly explain.

Do you receive any Income Assistance? Yes _____ No _____

Living situation? One parent (female) _____ One parent (male) _____ Two parents _____ Relative _____ Other: _____

When and where would it be most convenient to talk with you and your child(ren) to begin the match process?

Comments _____
