



How does the child feel towards the non-custodial parent? \_\_\_\_\_  
\_\_\_\_\_

List all children in family, in order of age:

	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Birthdate</b>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

List other adults in home:

	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Relationship to Child</b>
1.	_____			
2.	_____			

Does your child currently see a psychiatrist/mental health therapist/ social worker? **(Y) (N)**

If yes, Where? \_\_\_\_\_

Who? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have any medical problems? **(Y) (N)** If yes, please indicate medical problem: \_\_\_\_\_

Is child taking any medication? **(Y) (N)** If yes, what kind? \_\_\_\_\_

Has your child ever had problems playing and making friends with other children?  
**(Y) (N)** If yes, what kind of problems? \_\_\_\_\_

Does child get along well with other children? \_\_\_\_\_

Does child play mostly with younger children? \_\_\_\_\_

Does child ever get into fights? \_\_\_\_\_

Does child accept discipline readily? \_\_\_\_\_

How do you discipline your child? Spanking \_\_\_\_\_ Talking to child \_\_\_\_\_

Deprive child of privileges \_\_\_\_\_ Other \_\_\_\_\_,

Do you feel that in any way your child is beyond your control? **(Y) (N)**

How? \_\_\_\_\_

What, if any, problems are you presently experiencing with your child?

Why are applying for a Big Brother/Big Sister for your child?

In what ways do you hope your child will benefit from a Big Brother Big Sister relationship?

If applying for your son, please check the type of match that you would be interested in:

Big Brother  Big Sister (if child is age 10 or under)  Husband/Wife Couple

**\* For Children 12 years of age and over (please answer these five questions)**

Have you noticed any changes in your child's attitude since your child became a teenager?

Have you or anyone else talked with your child about the physical changes which teenagers experience? **(Y) (N)**

Does your child understand the facts of life? **(Y) (N) (Not Sure)**

Does your child disagree with you often? **(Y) (N)** If yes, what about? \_\_\_\_\_

Any other comments?

In making this application, I give my permission to Big Brothers Big Sisters of Butler County to contact other agencies or schools who might share information that could be helpful in their work with my child.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please send your completed form to:

**Taylor Gall**

**Big Brothers Big Sisters of Butler County**

**339 N. Washington Street**

**Butler, PA 16001**

**Phone: 724-287-4733 ext. 126**

**Fax: 724-287-1007**

**Email: [tgall@bcfymca.org](mailto:tgall@bcfymca.org)**