



SIBLING INFORMATION FORM

Orientation Location: _____ Date: _____
Orientation Instructor(s): _____
Primary Buddy Break Location: _____

PERSONAL INFORMATION

Child's First Name: _____ Last Name: _____

Child resides with: Mother and Father Mother Father Guardian

First Name of VIP Sibling: _____ Last Name: _____

The VIP Family Information Form contains the same information fields below. If you have completed that and it is the same information for the VIP's sibling, you do NOT need to complete this section and can skip to the next page.

Name1: _____ Mother Father Guardian

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Occupation: _____ Company: _____

Hobbies and Personal Interests: _____

Name2: _____ Mother Father Guardian

Address: Same as above Different: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Occupation: _____ Company: _____

Hobbies and Personal Interests: _____

Who else is authorized to pick up your child from **Buddy Break**?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How did you hear about **Buddy Break**? _____

OPTIONAL DEMOGRAPHIC INFORMATION

When applying for grants, we are asked for certain information. Please respond to these *optional* questions to help us in acquiring funds for **Buddy Break**.

Family income level: < \$20,000 \$20,001 – 30,000 \$30,001 – 40,000 \$40,001 – 50,000 \$50,001 – 60,000 > \$60,001

Race/Ethnicity: African-American/Black American Indian or Alaska Native, tribe: _____ Asian Indian Caucasian/White Chinese Other, please specify _____ Filipino Guamanian or Chamorro Hispanic/Latino/Latina Japanese Korean Native Hawaiian Pacific Islander Samoan Vietnamese

VIP mother's birth year: _____ VIP father's birth year: _____

SIBLING INFORMATION FORM

SIBLING'S INFORMATION

Please tell us about your child:

Child's Name: _____ Height: _____ Weight: _____

Male Female Date of Birth (mm/dd/yyyy): _____ Age: _____

School: _____ Grade: _____

Child's Cell: _____ Child's Email: _____

Please share any information about your child that would help us ensure a great day at **Buddy Break** including any medical information we might need to know:

MEDICAL AND INSURANCE CONTACTS

In the case of an emergency, the following information is helpful.

Child's Primary Physician: _____ Phone: _____

Do you have a medical plan of care for emergency procedures? No Yes – If yes, please attach a copy for us. The same plan that you have for school or a daycare provider would be great.

Insurance Provider: _____ Policy Number: _____

Thank you for helping us get to know your child. We look forward to our time together!

COORDINATOR USE ONLY

Sibling file copied and sent to *Nathaniel's Hope* Date: _____

Nathaniel's Hope OFFICE USE ONLY

Sibling file received Date: _____

Entered in database by: _____ Date: _____

Approval Signature: _____ Date: _____