



# 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 to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ 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  \$30,001 – 40,000  \$50,001 – 60,000  
 \$20,001 – 30,000  \$40,001 – 50,000  > \$60,001

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

VIP mother's birth year: \_\_\_\_\_ VIP father's birth year: \_\_\_\_\_

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## SIBLING'S INFORMATION

Please tell us about your child.

Child's Name: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (pounds): \_\_\_\_\_

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:

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## 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 form entered online, if not already completed Date: \_\_\_\_\_

Copy of Declaration of Consent sent to *Nathaniel's Hope* office Date: \_\_\_\_\_

Copy of Authorization / Release sent to *Nathaniel's Hope* office Date: \_\_\_\_\_

## Nathaniel's Hope OFFICE USE ONLY

Sibling file received Date: \_\_\_\_\_

Entered in database by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_