

## **Little Sister Reference Sheet**

Big Sisters of Greater Racine, Inc..262-902-6310

Name: DOB:							
Parent/Guardian:	nt/Guardian:Relationship:						
Phone:		Alt Ph	one:				
Address:	dress:Email:						
Emergency Info:							
Allergies/Physical Limita	tions:						
Medications:							
Ok with pets?		Asthma?					
Hospital of Choice:			PCP:				
Emergency Contacts:							
Interests:							
Favorite Activities:							
Favorite Foods:							
Dislikes:							
Would you like to:							
□Go to the Park	□Visit the Zoo	□Ride ?	Bikes	□Swim		Cook/Bake	
□Read □Hike	□Play with An	nimals	□Watch ]	Movies	□Go o	n a Picnic	
□Dance □I	Learn an instrument	□Go B	oating	□ Try Min	i Golf	□Sing	
□Paint/Draw	□Visit a Museum	□Camp	□Go Fis	hing	□Go to th	ne Theatre	
□Go Rollerskating □Go Bowling □Do Arts/Crafts □See a Concert					ncert		
Size shirt:							