

# Preliminary Application

PLEASE PRINT

PRE-APPLICATION DATE:		ANTICIPATED DATE FOR CARE:	
CHILD'S DUE DATE OR BIRTH DATE:		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CHILD'S LAST NAME	FIRST	MIDDLE	NICKNAME (IF ANY)
MOTHER/GUARDIAN		HOME/CELL PHONE	
ADDRESS		CITY	ZIP CODE
EMAIL ADDRESS		WORK PHONE	
FATHER/GUARDIAN		HOME/CELL PHONE	
ADDRESS		CITY	ZIP CODE
EMAIL ADDRESS		WORK PHONE	

FAMILY INFORMATION

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
IF SO, PLEASE EXPLAIN		
ARE THERE ANY HEALTH CONCERNS OF WHICH WE SHOULD BE AWARE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
IF SO, PLEASE EXPLAIN		
DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
IF SO, PLEASE EXPLAIN		

INFORMATION ABOUT YOUR CHILD



*Methodist Home for Children's mission, in service to God, is to build upon the social, physical, emotional, and spiritual strengths of children, youth, and families, and to affirm their worth.*

*Scholarships may be available for families with a financial or special need.*