

Please PRINT then mail completed application to our PO Box. We will call to schedule an interview.

If you have any questions while completing the application—or after you have mailed it back to us—please call and ask to speak with the Program Director. 717.396.9130



ENROLLMENT APPLICATION

P.O Box 787 ~ 415 S. Queen Street
Lancaster, PA 17608-0787
Office (717) 396-9130

Esta aplicación está disponible en inglés y español. Llame al 717-396-9130 para más detalles

TODAY'S DATE: _____

FULL NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

MARITAL STATUS (CIRCLE ONE) SINGLE DIVORCED SEPERATED OTHER
PLEASE EXPLAIN OTHER: _____

LIVING ARRANGEMENTS (CIRCLE ONE) SELF PARENTS RELATIVES OTHER
PLEASE EXPLAIN OTHER: _____

LIST MEMBERS IN YOUR HOUSEHOLD AND THEIR RELATIONSHIP TO YOU			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEANS OF FINANCIAL SUPPORT PER MONTH: _____ DO YOU RECEIVE WIC? _____

PARENTS \$ _____ SNAP/ASSISTANCE \$ _____ CHILD SUPPORT \$ _____

EMPLOYMENT \$ _____ OTHER \$ _____

JOB TITLE _____ PLEASE EXPLAIN OTHER: _____

MEANS OF TRANSPORATION _____

DO YOU DRIVE? _____ IF SO, DO YOU HAVE A VALID DRIVERS LICENCE _____

HOW DID YOU HEAR ABOUT MOM'S HOUSE? _____

EDUCATIONAL PLANS: _____

WHERE ARE YOU CURRENTLY ATTENDING SCHOOL? _____

ADDRESS: _____

PHONE NUMBER: _____

IF NOT CURRENTLY ATTENDING SCHOOL, WHERE DO YOU PLAN TO ENROLL/ATTEND? _____

START DATE FOR CLASSES: _____ EXPECTED GRADUATION DATE: _____

AFTER COMPLETING YOUR SCHOOLING, WHAT KIND OF JOB WOULD YOU LIKE? _____

WHAT IS YOUR RELATIONSHIP WITH THE OTHER PARENT? _____

TELL US WHAT YOUR GOALS (FOR YOU AND YOUR FAMILY) OVER THE NEXT 5 YEARS ARE: _____

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NAMES OF YOUR CHILDREN THAT YOU ARE REQUESTING CHILD CARE FOR:

CHILD'S NAME _____ BIRTHDATE _____ AGE _____
CHILD'S NAME _____ BIRTHDATE _____ AGE _____

LIST ALL OTHER CHILDREN IN YOUR CUSTODY:

CHILD'S NAME _____ BIRTHDATE _____ AGE _____
CHILD'S NAME _____ BIRTHDATE _____ AGE _____

HAVE YOU PLEAD GUILTY, NO CONTEST OR CONVICTED OF A CRIME? _____

IF SO, PLEASE EXPLAIN _____

The following information is needed for an annual report with the Commonwealth of PA to conform with antidiscrimination laws. You are not required to fill this out.

YOUR RACE: _____	YOUR ETHNICITY: (CIRCLE ONE)	HISPANIC	NON-HISPANIC
CHILD'S RACE _____	CHILD'S ETHNICITY: (CIRCLE ONE)	HISPANIC	NON-HISPANIC
CHILD'S RACE _____	CHILD'S ETHNICITY: (CIRCLE ONE)	HISPANIC	NON-HISPANIC
CHILD'S RACE _____	CHILD'S ETHNICITY: (CIRCLE ONE)	HISPANIC	NON-HISPANIC
CHILD'S RACE _____	CHILD'S ETHNICITY: (CIRCLE ONE)	HISPANIC	NON-HISPANIC

It is the policy of Mom's House not to discriminate on the basis of race, color, national or ethnic origin, political or religious opinion or affiliation, age, sex, or handicapping condition in the recruitment or admissions of clients, and in the hiring of staff.

APPLICANT'S STATEMENT:

I certify that the answers and information given herein are true, correct and complete. I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

Printed Name

Date

Signature

OFFICE USE ONLY:

Received by: _____ Title: _____ Date: _____

Contacted by: _____ Title: _____ Date: _____

Interview Scheduled: Date: _____ Time: _____ With? _____

Status: Enrollment, start date: _____ Wait List, follow up scheduled with applicant: _____

(if applicant does not respond to initial contact or follow up within 90 days, the status of this application is CLOSED.)

Application CLOSED, reason: _____ Date: _____

NOTES: _____

