

**HOLSTON UNITED METHODIST HOME FOR CHILDREN, INC.**

**APPLICATION FOR CHILD CARE SERVICES**

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: (optional): \_\_\_\_\_

Days/Hours of Care Needed: \_\_\_\_\_

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Mother/Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Days/Hours \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Father/Guardian's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Days/Hours \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Legal Guardian: \_\_\_\_\_ Person/Agency with Custody: \_\_\_\_\_

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Marital Status: (circle one)    Single            Married            Separated            Divorced

Number in Household: \_\_\_\_\_

Annual Gross Family Income: \_\_\_\_\_ (verification of income will be required at time of enrollment)