

# Kids On Track HomeBuilders Application Form

You will be contacted prior to the commencement of the next HomeBuilders class. This is a volunteer led program. We will accommodate as many children and their parents as possible. Submission of this application does **not** confirm enrollment. Applications will be processed on a first come basis with consideration for class groupings.

**CHILD’S INFORMATION: (please fill out a separate form for each child)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

**WHY IS YOUR CHILD COMING TO HOMEBUILDERS? (please indicate all that apply)**

Death	Date of death: _____	Relationship to Child: _____
Divorce	Date of divorce: _____	
Separation	Date of separation: _____	
Blended Family	Date blended family began: _____	
Other	Please specify: _____	

**PRIMARY PARENTAL/GUARDIAN INFORMATION:**

Parents/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**OTHER PARENTAL/GUARDIAN INFORMATION:**

Parents Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Lives in the household? YES NO  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**OTHER CAREGIVERS OF CHILD IF APPLICABLE—ie. step-parents, grandparents, aunties/uncles:**

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Lives in the household? YES NO  
  
 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Lives in the household? YES NO  
  
 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Lives in the household? YES NO

**EMERGENCY CONTACT:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Who will be participating in the parent's group? Please list all who will be attending – only parents and primary caregivers may register: \_\_\_\_\_  
\_\_\_\_\_

Which parent(s)/guardian(s) have legal custody? \_\_\_\_\_  
\_\_\_\_\_

What is the living arrangement for your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever attended this or a similar program in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Briefly describe your family's current circumstances: \_\_\_\_\_  
\_\_\_\_\_

## SIBLINGS

FIRST NAME	LAST NAME	AGE	ATTENDING HOMEBUILDERS?

Has your child received any individual counseling or therapy? How did it go? \_\_\_\_\_  
\_\_\_\_\_

How do you hope HomeBuilders will help your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavioral or learning disabilities? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergic or medical information we should be aware of? (there will be a snack provided) \_\_\_\_\_  
\_\_\_\_\_

If you are not attending the parent group, who will drop off and pick up your child? \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_