

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? _____

Are both parents in support of your child(ren) participating in the program? _____

Parent/Guardian Signature: _____ Date: _____