



# Project Children®



Kathleen Kelly, Area Coordinator ~ 528 Boyden Street ~ Syracuse, NY 13206 ~ 315-474-2296

Please complete the following application and sign where indicated.

<b>Name of father</b>			<b>Age</b>
<b>Name of mother</b>			<b>Age</b>
<b>Home address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Mailing address (if different)</b>			
<b>Home phone</b>			
<b>Father's occupation</b>		<b>Employer</b>	
<b>Business address</b>			
<b>Business phone</b>		<b>Work hours</b>	
<b>Mother's occupation</b>		<b>Employer</b>	
<b>Business address</b>			
<b>Business phone</b>		<b>Work hours</b>	
<b>List the names and ages of children living at home</b>			

<b>Names and relationships of other members of your household</b>		
<b>What religious affiliation is your family (if any)?</b>		
<b>Do you attend religious services and functions?</b>	<b>If so, how often?</b>	
<b>What is your preference of religious affiliation of a child</b>		
<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Either (If you select either, please mean it.)		
<b>Does your family prefer a boy or girl?</b>	<b>Preferred age (between 10-14)?</b>	
<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> Any	
<b>Do you have pets?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What inside pets do you have?</b>	<b>What outside pets do you have?</b>	
Is there any reason why a member of your family would be unable to be a t Kennedy Airport for the arrival and departure of the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the family as a group be away from home during the six week stay of the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your family have a serious or chronic illness, disability, nervous or mental disorder, or has there been a major surgery for a condition which might recur?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How would you like to help us?</b>	<input type="checkbox"/> Attending the dance <input type="checkbox"/> Selling raffle tickets	
<input type="checkbox"/> Soliciting ads for the journal <input type="checkbox"/> Making donations toward expenses		
Please furnish three references from persons you have known for at least three years. If possible have one of the references be your clergyman.		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.		
2.		
3.		
Are you willing to become a back-up family in the event that a child needs to be moved to another family (whether or not you are approved as a host family)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please authorize by your signatures below, that you are financially able to accommodate a child for six weeks. In no way should this child become a burden to the village, town, county, or state in which you live. You also understand that, should financial status be questioned, you are willing to provide proof of financial adequacy to support the child placed in your care.		
<b>Father Signature</b>		<b>Date</b>
<b>Mother Signature</b>		<b>Date</b>

Project Children Chairman: Denis Mulcahy 845-477-3472, Adm. Asst.: Bridie O'Neill 845-477-2086