

# CHILD APPLICATION FOR ADMISSION



Please attach a small, high quality photo of child.

My Father's Arrows, Inc.  
4025 County Road 178 • Jay, FL 32565  
Phone: (850) 675-4403  
Website: [www.myfathersarrows.org](http://www.myfathersarrows.org)

THIS IS A PERMANENT RECORD. **All entries must be answered.** If information is unknown, every effort should be made to obtain it. This record will be very valuable in working with the child and/or family. If question asked is not applicable, please mark N/A. Feel free to attach more documentation if you need more space to answer. The final decision about admission will be made by the Executive Director with God's leading.

## CHILD INFORMATION

Male     Female

Legal Name (First/Middle/Last)

Preferred Name

Current Address (Street/City/State/Zip/County)

( ) -

( ) -

Home Phone Number

Alternate Phone Number (If Applicable)

Age

Birth (Mo./Day/Year)

Social Security No.

\_\_\_\_\_

**Place of Birth** (City/State/County) \_\_\_\_\_ **Race** \_\_\_\_\_ **Height** \_\_\_\_\_

**US Citizen** ( ) yes ( ) no **Ethnic Background:** \_\_\_\_\_

**Ht** \_\_\_\_\_ **Wt** \_\_\_\_\_ **Eye Color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_

**Scars/Tattoos/Body Piercings/Birth Marks** \_\_\_\_\_

**GUARDIAN INFORMATION**

**--Father--**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Primary Custodial Father's Legal Name** (First/Middle/Last) \_\_\_\_\_ **Social Security No.**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

**Address** (Street/City/State/Zip) \_\_\_\_\_ **Phone Number**

**Email:** \_\_\_\_\_

Is this the father by legal adoption? Yes No

Is this the biological father? Yes No

If Yes, please indicate type of custody: Joint Sole (Full)

If No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Biological Father's Name** \_\_\_\_\_ **Social Security No.**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

**Address** (Street/City/State/Zip) \_\_\_\_\_ **Phone Number**

\_\_\_\_\_

**Place of Birth** (City/State/County)

**--Mother--**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Primary Custodial Mother's Legal Name** (First/Middle/Last) \_\_\_\_\_ **Social Security No.**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

**Address** (Street/City/State/Zip) \_\_\_\_\_ **Phone Number**

**Email:** \_\_\_\_\_

Is this the mother by legal adoption? Yes No

Is this the biological mother? Yes No

If Yes, please indicate type of custody: Joint Sole (Full)

If No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Biological Father's Name**

**Social Security No.**

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

**Address (Street/City/State/Zip)**

**Phone Number**

\_\_\_\_\_  
**Place of Birth (City/State/County)**

Who has the child been living with? \_\_\_\_\_

Does this person have legal custody of this child? \_\_\_\_\_

List everyone that lives in the same house of the child and their age and relationship to this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons to notify in case of emergency and legal guardian can not be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\* Which emergency contact above would be willing/able to pick up your child in the event of emergency if we are unable to reach you?

\_\_\_\_\_  
\_\_\_\_\_

Does the child attend church? Yes No

Has your child made a profession of faith and been baptized? ( ) yes ( ) no

If Yes: \_\_\_\_\_

**Church Name/Denomination/Location/Phone Number**

Has the child ever been in trouble with law enforcement officers of any type? Yes No

If Yes: \_\_\_\_\_  
**Date**                      **Circumstance**

Has the child ever been arrested?  Yes  No

If Yes: \_\_\_\_\_  
**Date**                      **Location (City/State/County)**                      **Charge**

\_\_\_\_\_

**Conviction**                      **Sentence**

Has the child ever been in another residential care program or placement outside of your home?  
 Yes  No

If Yes: \_\_\_\_\_  
**Name of Facility**                      **Address (Street/City/State/Zip)**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number**                      **Dates in Program (From Mo./Year to Mo./Year)**

Does the child have or ever had a significant physical or learning impairment or require a special education?  Yes  No

If Yes: \_\_\_\_\_  
**Please Explain and send IEP if applicable**

Has the child in any way ever used alcoholic beverages, tobacco, or illegal drugs?  Yes  No

If Yes: \_\_\_\_\_  
**Please Explain**

Has the child ever been suspended, expelled, or dropped from any school?  Yes  No

If Yes: \_\_\_\_\_  
**Please Explain**

If applicable, please describe any trauma that your child has experienced (abuse, neglect, abandonment, traumatic events, losses, etc) \_\_\_\_\_



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Friends (how does she get along with other?, who does she hang out with?)

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What type of discipline was used in your home? What was most effective?

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Has your child ever run away? How many times? How long did they stay gone? What prompted them to run?

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What kinds of activities does your child enjoy?

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What are the special gifts/talents that your child has?

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What rewards/recognitions does your child most appreciate and respond to?

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Does your child have sensory issues? (Ex: Walking on toes, Sensitive to labels inside shirts, Avoids certain textures, Often spinning around, Sensitive to lights/noises)

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Please check any of the following characteristics/behaviors that are struggles for or apply to your child:

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Shy or timid     | <input type="checkbox"/> Withdrawn        | <input type="checkbox"/> Daring             | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Unhappy          | <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Fixated on fire    | <input type="checkbox"/> Fearful    |
| <input type="checkbox"/> Verbally abusive | <input type="checkbox"/> Destructive      | <input type="checkbox"/> Physically Abusive | <input type="checkbox"/> Restless   |
| <input type="checkbox"/> Nervous          | <input type="checkbox"/> Aggressive       | <input type="checkbox"/> Poor sleeper       | <input type="checkbox"/> Paranoid   |
| <input type="checkbox"/> Lying            | <input type="checkbox"/> Blames others    | <input type="checkbox"/> Flirting           | <input type="checkbox"/> Moody      |
| <input type="checkbox"/> Stealing         | <input type="checkbox"/> Deceitful        | <input type="checkbox"/> Poor hygiene       | <input type="checkbox"/> Immodest   |



## Medical Information

Child's Primary Physician and their contact information:

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Has the child ever been treated for any nervous, mental, or emotional disorders, or seen a psychologist/mental health professional? Yes No

If Yes: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Name of Doctor/Facility* *Phone Number*

Has the child ever been sexually active, pregnant, or had an abortion? Yes No

If Yes: \_\_\_\_\_

Child's Dentist and their contact information:

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Last Dental Appointment: \_\_\_\_\_ Any orthodontics? \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Child's Medical History:

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Biological Family Medical History (if known):

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Glasses ( ) yes ( ) no      Contacts ( ) yes ( ) no      Last eye exam? \_\_\_\_\_

Current Medications:

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Are there any other medical issues that we should be aware of for your child?



## Financial Status

The cost of residential care for your child varies by the individual needs of the child. Safety is always paramount, so some children may require more supervisor and specialized care than others. My Father's Arrows does not refuse care for a child based on the unavailability of funds, but it is important that you answer the following questions honestly to enable My Father's Arrows to formulate a financial plan to provide of the care of your child. In the event that there is inadequate funding to meet the needs of a child, My Father's Arrows, with your permission, will seek sponsorship funding.

Does the child receive social security benefits? ( ) yes ( ) no

Amount? \_\_\_\_\_ Frequency? \_\_\_\_\_ to whom paid? \_\_\_\_\_

Is there an adoption subsidy paid for this child? ( ) yes ( ) no

Amount? \_\_\_\_\_ Frequency? \_\_\_\_\_ to whom paid? \_\_\_\_\_

Have you requested an increase in your adoption stipend to cover the costs of residential care? \_\_\_\_\_

Is there other child support paid for this child? ( ) yes ( ) no

Amount? \_\_\_\_\_ Frequency? \_\_\_\_\_ to whom paid? \_\_\_\_\_

List any other benefits for which this child is eligible:

\_\_\_\_\_

Legal Guardians Adjusted Gross Income from IRS tax form for the previous two years:

\_\_\_\_\_

Do you have an insurance policy that covers the cost of residential care for your child?

If so, please list details of that coverage:

\_\_\_\_\_

\_\_\_\_\_

## Application Agreement

I certify that the information included in this application is both complete and accurate.

I understand that the mere completion of this application does not guarantee vacancy or placement of any child. Placement of a child is confirmed only in writing.

I understand that any false statements on this application, or in any subsequent interviews (by phone or in person), will be sufficient cause for denial or dismissal.

I hereby grant permission to My Father's Arrows director or any of its agents to investigate any of the information included in this application.

I understand that if said child is accepted into My Father's Arrows program, I need to provide, at the time of placement (Do NOT send with application), the following items:

- Child's original Birth Certificate**
- Child's updated Immunization Certificate**
- Child's original Social Security Card**
- Copies of all medical records and record of current physical exam**
- Pregnancy test if applicable**
  
- Copy of divorce, custody, and/or adoption papers**
  
- Proof of Income**
  
- Proof of all personal benefits coming to the child (SSI, child support, subsidies)**
  
- Copies of all dental records**
  
- Copies of all school records**
- All Insurance Information including original cards**
- Copy of parent/guardian Social Security Cards**
- Copy of parent/guardian Driver's Licenses**
- First month tuition, Intake fee, Uniform fee (amount determined during placement process)**

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Date (Mo./Day/Year)

*As a religious entity, My Father's Arrows is legally permitted to make enrollment decisions based upon religious criteria, including doctrinal and lifestyle issues. My Father's Arrows may only accept children who, both they and their parents, subscribe without reservation to My Father's Arrows' statement of faith and standards of conduct. My Father's Arrows does not discriminate on the basis of race, color, sex (as determined at birth and not subject to change), national origin, or any other characteristic protected by law.*

## Authorization to Release Information

I respectfully request and authorize you to provide My Father's Arrows, its director, or any of its agents with any and all information they request concerning my child. This information will be used in the assessment of qualifications for my child entering their program. I understand that such information may include school records, behavioral reports, disciplinary actions or appeals, medical records, and other confidential information. I further understand that information obtained by My Father's Arrows under this release will not be made available unto me.

A copy of this release shall be valid since My Father's Arrows holds the original authorization document.

I hereby release you and your organization from any liability or damage which may result from furnishing My Father's Arrows with the requested information.

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**Name of Child**

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**Child's Social Security No.**

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**Name of Parent/Guardian**

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**Parent/Guardian's Social Security No.**

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**Signature of Parent/Guardian**

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**Date (Mo./Day/Year)**