

MERCER COUNTY MENTORING

Child Application Form

CHILD'S NAME _____ Birthdate: _____

Address _____

Telephone # _____ Grade: _____

School _____

PARENT/GUARDIAN NAME: _____ Birthdate: _____

Address: _____

Telephone #: _____ Marital Status: _____

Place of Employment: _____ Work #: _____

Only list # if we can contact you at work

PLEASE LIST ALL INDIVIDUALS CURRENTLY LIVING IN THE HOUSEHOLD.

NAME	SEX	AGE	BIRTHDATE	RELATIONSHIP TO CHILD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ABSENT PARENT'S NAME (IF APPLICABLE): _____

Address: _____

Birthdate: _____ Occupation: _____

Date of Divorce/Separation: _____ Children by other Marriages: _____

Does your child have any contact with the absent parent? If yes, how often? _____

What is your current relationship with the absent parent? _____

How old was the child at the time of the absent parent's departure? How did it affect the child? _____

If absent parent is still involved, do they know you're applying for a mentor? _____

How did you hear about our program? _____

Is your child currently seeing a therapist or psychiatrist? If yes, whom? _____

Does your child have any allergies or medical problems? If yes, please list _____

Does your child take any medication? If yes, please list _____

Has your child ever been hospitalized for mental health reasons? If yes, please explain: _____

Does your child have any problems with his/her friends or making friends? If yes, explain _____

Is your child having any difficulties in school? If so, please explain _____

What problems are you currently experiencing with your child? _____

Why do you want a mentor for your child? How could a mentor help? _____

Is your child currently beyond your control? _____
