



Project Children

Syracuse, New York Chapter



Kathleen Kelly, Area Coordinator • 315-474-2296
Buckley Square, 6715 Buckley Road, Apt. 116, North Syracuse, NY 13212

Please complete the following application and sign where indicated.

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

Names and relationships of other members of your household		
What religious affiliation is your family (if any)?		
Do you attend religious services and functions?		If so, how often?
What is your preference of religious affiliation of a child		
<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Either (If you select either, please mean it.)		
Does your family prefer a boy or girl?		Preferred age (between 10-14)?
<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
Do you have pets?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What inside pets do you have?		What outside pets do you have?
How did you hear about Project Children? (please be specific)		
Will the family as a group be away from home during the 4 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
Please furnish three references from persons you have known for at least three years. If possible have one of the references be your clergyman.		
Name	Address	Phone
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 four 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.		
Father Signature		Date
Mother Signature		Date

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