



# Methodist Home for CHILDREN

- Jordan Child & Family Enrichment Center
- Barbara H. Curtis Center

## Preliminary Application

PLEASE PRINT

PRE-APPLICATION DATE:	ANTICIPATED DATE FOR CARE:				
CHILD'S DUE DATE OR BIRTH DATE:	MALE   FEMALE (CIRCLE ONE)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CHILD'S LAST NAME</td> <td style="width: 25%; border: none;">FIRST</td> <td style="width: 25%; border: none;">MIDDLE</td> <td style="width: 25%; border: none;">NICKNAME (IF ANY)</td> </tr> </table>		CHILD'S LAST NAME	FIRST	MIDDLE	NICKNAME (IF ANY)
CHILD'S LAST NAME	FIRST	MIDDLE	NICKNAME (IF ANY)		

FAMILY INFORMATION	MOTHER/GUARDIAN	HOME PHONE
	ADDRESS	CITY      ZIP CODE
	EMAIL ADDRESS	WORK PHONE
	FATHER/GUARDIAN	HOME PHONE
	ADDRESS	CITY      ZIP CODE
	EMAIL ADDRESS	WORK PHONE
	DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT?   NO   YES	
	IF YES, PLEASE EXPLAIN	
	ARE THERE ANY HEALTH CONCERNS OF WHICH WE SHOULD BE AWARE?   NO   YES	
	IF YES, PLEASE EXPLAIN	
DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?   NO   YES		
IF YES, PLEASE EXPLAIN		

*Scholarships may be available for families with a financial or special need.*

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