

# Harbor Momentum

## Family Registration Form

Fill out the form below to begin the process of registering to receive supportive services through Harbor Momentum. Mail the completed form to Harbor Momentum, PO Box 8855, New Castle, Pa. 16107, or send via email to [laurabialowas@harbormomentum.org](mailto:laurabialowas@harbormomentum.org).

### Parent/Guardian Information

Primary Adult Name: \_\_\_\_\_ Relation to the Child(ren): \_\_\_\_\_

Number of People living in the home: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Child(ren) Information (provide only as much information as you are comfortable with sharing):

Child #1: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Clothing Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Interests or Needs: \_\_\_\_\_

Child #2: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Clothing Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Interests or Needs: \_\_\_\_\_

\* Place additional children on the back or on a separate sheet of paper.

### Additional Questions:

1. Are there any special needs that your family has that you would like us to be aware of (ex: respite needs, food needs, personal care item needs, etc.). If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Provide any information about your family and/or situation that you are comfortable with sharing that may help us best support your family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Would you like to receive information on resources that may be available for you/your family? \_\_\_\_\_

By signing this form, you agree to participate in Harbor Momentum's programs. Programs are completely voluntary and exist to assist as Harbor Momentum is able to provide. Registering does not ensure that your family will be supported.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.harbormomentum.org](http://www.harbormomentum.org)

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