

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.

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: _____