## Harbor Momentum

## Family Registration Form

Fill out the form below to begin the process of registering to receive supportive services through Harbor Momentum's Sponsorship Program. 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(re	Relation to the Child(ren):	
Phone #:	Email:		
Street Address:	City, State, Zip:	· · · · · · · · · · · · · · · · · · ·	
Child(ren) Information			
Child #1 Name:	Birthday:	Grade:	
Clothing Size:	Shoe Size:		
Allergies:	Special Interests or Ne	eds:	
Child #2 Name:	Birthday:	Grade:	
Clothing Size:	Shoe Size:	<del></del>	
Allergies:	Special Interests or Ne	Special Interests or Needs:	
Child #3 Name:	Birthday:	Grade:	
Clothing Size:	Shoe Size:	<del></del>	
Allergies:		eds:	
* Place additional children on th	ne back or on a separate sheet of paper.		
Additional Questions:			
	s that your family has that we should be aware o		
transportation issues, etc.).	If so, please explain:s sponsor to be able to communicate with you?		
	sue for your family? If yes, please explain.		
5. 15 permanent nousing an isc	sac for your running. If yes, prease explain.		
potential sponsor.	out your family and or situation that you are con		
5. Would you like to receive in	nformation on resources that may be available f	or you/your family?	
	rticipate in Harbor Momentum's Sponsorship Program. sors are available. Registering does not ensure that your		
Printed Name:	Signature:	Date:	