



Family Registration Form

This form helps us better understand your family's unique needs so we can provide meaningful support, helpful resources, and encouragement tailored to you.

All information shared is kept strictly confidential and will only be reviewed by our support team. You may share as much or as little as you feel comfortable.

Please complete the form below to begin the registration process for supportive services through Harbor Momentum. Once completed, you may mail the form to: Harbor Momentum, PO Box 8855 New Castle, PA 16107. Or, email the form to laurabialowas@harbormomentum.org. We look forward to supporting you and your family.

• Parent/Guardian Information

Primary Adult Name: _____

Relation to the child(ren): _____

Number of Occupants in Household: _____

Adult: _____

Children: _____

Current Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Preferred method of contact: Phone Email Text

• Child(ren) Information: (Provide only what you are comfortable sharing)

Child #1: _____

Birthday: _____

Grade: _____

Allergies: _____

Special Interests or Needs: _____

Clothing Size: _____

Shoe Size: _____



Child #2:

Birthday:

Grade:

Allergies:

Special Interests or Needs:

Clothing Size:

Shoe Size:

Child #3:

Birthday:

Grade:

Allergies:

Special Interests or Needs:

Clothing Size:

Shoe Size:

*Please place additional children on the back or on a separate sheet of paper.

• Additional Questions

1. Are there any immediate or urgent needs?

2. What areas could you use support in right now?

- Clothing/ Shoes Diapers/ Wipes School Supplies Food/ Groceries Childcare /Respite Furniture

Other

3. Are there any special needs that you family has that we should be aware of? (ex: babysitting struggles, transportation issues, etc.). If so, please explain:



4. Please provide any information about your family and/or situation that you are comfortable with sharing that may help us best support your family.

5. Would you like to receive information on resources that may be available for you/your family?

Yes No

• Consent

I understand this form does not replace agency services and is for support purposes only.

Yes No

I give permission for Harbor Momentum to contact me regarding support and resources.

Yes No

• Signature

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.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____