

Host Family Confidential Registration Form

Date: \_\_\_\_\_ Name of Home Church: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Dream Job or Passion: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Dream Job or Passion: \_\_\_\_\_

Husband's Cell Number: \_\_\_\_\_

Wife Cell Phone Number: \_\_\_\_\_

How many Children? ( ) Ages ( ) ( ) ( ) ( ) ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Wife's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Was anyone in the family convicted of:  Child Abuse  Domestic Violence  DUI  Drugs

Are you a blended Family?  Yes  No If yes, please fill in this information.

**Husband**

How did your other marriage or relationship end?  Death  Mutual Break-up  Hostile Break-up  Divorce  
(How many Divorces did you have? (\_\_\_\_\_))

Did you have children with your Ex?  Yes  No.

If Yes, how many (\_\_\_\_\_).

Are you still in contact with your Ex?  Yes  No

If the answer is yes, is your contact by  Phone  Text  In person.

Is your spouse included in your text communication?

Yes  No.

Does your current spouse have the pass code for your phone?  Yes  No

Are you in contact with your child/children?  Yes  No. If yes, how frequently?

**Social**

Birth State or Country? \_\_\_\_\_ Favorite Game \_\_\_\_\_

Favorite Sport? \_\_\_\_\_ Favorite Team? \_\_\_\_\_

Favorite Movie \_\_\_\_\_ Favorite Movie Star? \_\_\_\_\_

School Attended? \_\_\_\_\_ Favorite Teacher? \_\_\_\_\_

On a scale of **1 to 10**, with 10 being the best, please rate your relationship with your father. Rating # \_\_\_\_\_:

Reason for this rating? \_\_\_\_\_

On a scale of **1 to 10**, with 10 being the best, please rate your relationship with your mother. Rating # \_\_\_\_\_:

Reason for this rating? \_\_\_\_\_

**Medical**

Are you on any Psychotropic Drugs?  Yes  No. If yes, name of drug? \_\_\_\_\_

Do you have any medical condition that you think may prohibit you from being involved in this ministry?  Yes

No. If yes, what is your condition? \_\_\_\_\_

**For Wife**

How did your other marriage or relationship end?  Death  Mutual Break-up  Hostel Break-up  Divorce  
(How many Divorces did you have? \_\_\_\_\_)

Did you have children with your Ex?  Yes  No. If Yes, how many \_\_\_\_\_.

Are you still in contact with your Ex?  Yes  No

If the answer is yes, is your contact by  Phone  Text  In person. Is your spouse included in your text communication?  Yes  No.

Does your current spouse have the pass code for your phone?  Yes  No

Are you in contact with your child/children?  Yes  No. If yes, how frequently? \_\_\_\_\_

**Social**

Birth State or Country? \_\_\_\_\_ Favorite Game \_\_\_\_\_

Favorite Sport? \_\_\_\_\_ Favorite Team? \_\_\_\_\_

Favorite Movie \_\_\_\_\_ Favorite Movie Star? \_\_\_\_\_

School Attended? \_\_\_\_\_ Favorite Teacher? \_\_\_\_\_

On a scale of **1 to 10**, with 10 being the best, please rate your relationship with your father. Rating # \_\_\_\_\_:

Reason for this rating? \_\_\_\_\_

On a scale of **1 to 10**, with 10 being the best, please rate your relationship with your mother. Rating # \_\_\_\_\_:

Reason for this rating? \_\_\_\_\_

**Agreement-Release & Indemnification**

By signing below, we are in total agreement (Amos 3:3) to host a single-parent family at our Father's Family Table. We also release, indemnify, and forever hold our home Church and all combined officers, affiliates, and associates harmless. I/we also grant permission to use photos and any media of us and our children, the expressed benefit of this ministry to single parents on social media and other appropriate media platforms. I/we also certify that there is not a medical condition that would prohibit us from participating in this ministry.

\_\_\_\_\_  
Signature of Husband Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Wife Date: \_\_\_\_\_