

Helping Hands at the Heights
Floral Height United Methodist Church
2214 10th Street
Wichita Falls, TX 76309
940-723-7151

Request for Childcare

1. FAMILY INFORMATION:

DATE: _____ REFERRED BY: _____

FATHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

MOTHER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CHILD REQUIRING SPECIAL SUPERVISION:

_____ SEX: _____ AGE: _____ BIRTH DATE: _____

SIBLINGS: _____ SEX: _____ AGE: _____ BIRTH DATE: _____

_____ SEX: _____ AGE: _____ BIRTH DATE: _____

AN INTERVIEW WITH YOU AND YOUR CHILD WILL NEED TO BE SET UP.

HOW IS THE BEST WAY TO CONTACT YOU? _____

WHEN IS THE BEST TIME TO CONTACT YOU? _____

2. INFORMATION FOR CHILD REQUIRING SPECIAL SUPERVISION:

YOUR CHILD'S DIAGNOSES: _____

COULD YOU TELL US MORE ABOUT THE DIAGNOSES AS IT PERTAINS TO YOUR CHILD: _____

TELL US ANYTHING IMPORTANT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD: _____

SIGNED: _____

(Parent or Guardian)

DATE: _____