



**BOARD OF DIRECTORS OF THE
MASONIC VILLAGES OF THE
GRAND LODGE OF PENNSYLVANIA**

**APPLICATION FOR ADMISSION
OF A
MINOR CHILD
TO THE
MASONIC VILLAGE AT ELIZABETHTOWN, PA**

Date _____, 20 ____

APPLICATION NO. _____

Whereas, I, the undersigned, being the _____ of _____
(Legal Guardian)

_____, the minor _____ of _____,

and am unable to provide said child with a proper and suitable home, or maintain, educate, feed and clothe said child, and am desirous that said child should receive the benefits and advantages afforded to children in the Masonic Village at Elizabethtown of the Board of Directors of the Masonic Villages of the Grand Lodge of Pennsylvania, and whereas, the Masonic Village, endeavors to provide a home where the children under its care will be trained and educated so as to be fitted for the requirements of life in so far as they are able so to do.

Now, Therefore, I, the _____ of _____
(Legal Guardian)

do hereby make formal application through _____ Lodge No. _____
for admission of said child to said Masonic Village and agree, upon final approval of this application, to consent to admission of said child to the Masonic Village and to undertake and promise not to interfere in the management and training of the said child, nor to visit **him/her** without the consent of the supervisor of the Masonic Children's Home, nor to ask or to receive any consideration for services during **his/her** residence therein.

I furthermore agree to provide another home for the said child whenever the Masonic Children's Home shall so request.

I furthermore agree to abide by the present and future Rules and Regulations of the Masonic Children's Home and to pay to said Masonic Children's Home the income from any estate the child now has or may thereafter acquire while in said Homes.

I also aver that the answers to the questions attached to this application are true and correct to the best of my knowledge and belief.

In Witness Whereof, I have hereunto set my hand and seal this _____ day of _____ A.D. 20 ____.

Signature of Legal Guardian

To the Applicant, and Legal Guardian of an applicant for admission to the Children's Home at the Masonic Village at Elizabethtown, Pennsylvania.

We are pleased to inform you that we are in compliance with the rules and regulations of the Office for Civil Rights, U.S. Dept. of Health and Human Services, Bureau of Civil Rights Compliance, Department of Human Services and/or The Pennsylvania Human Relations Commission.

However, we want you to know that you have the right to contact a representative of these agencies if you feel we are not meeting our obligations in their respective jurisdictions.

Revised 1-01-04

CHILD'S PERSONAL HISTORY
(To be filled in by parent, Grandparent or Guardian)

1. Child's full name: _____

2. Child's Social Security Number: _____

3. Child's Current Address: _____

City: _____ State _____ zip code: _____

4. Place of Birth _____ Date of Birth _____ Sex _____

5. With whom is child now living? _____

6. Relationship _____ Where _____

7. Parentage:	FATHER	MOTHER
Full Name:	_____	_____

Where born	_____	_____
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Date of Birth	_____	_____
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Date of Death	_____	_____
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Place of Death	_____	_____
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Cause of Death	_____	_____
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Occupation	_____	_____
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Mother's Maiden Name _____

Mother lawfully married to _____ on _____

Church affiliation of parent's _____

8. **Grand parentage** (if application concerns the grandchild of a Master Mason):

	GRANDFATHER	GRANDMOTHER
Full Name:	_____	_____

Where born	_____	_____
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Date of Birth	_____	_____
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Date of Death	_____	_____
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Place of Death _____

Cause of Death _____

Occupation _____

Grandmother's Maiden Name _____

Grandmother lawfully married to _____ on _____

Church affiliation of grandparent's _____

9. Brothers and sisters of parents (in case of grandchild):

NAME	AGE	RESIDENCE	OCCUPATION

10. Brothers and sisters of child:

NAME	AGE	RESIDENCE	HOW MAINTAINED OR EMPLOYED

11. Spiritual services information (see note)

Religious affiliation _____
Catholic, Jewish, Protestant, Other (specify)

Name of church or synagogue _____

12. Applicant's family physician Telephone No. (____)_____

Name _____

Address: _____

For what ailments have you consulted the physician during the last five years?

13. Any history of use of illegal drugs or alcohol? _____ Yes _____ No If yes explain.

14. Has application for the admission of the child ever been made to any other home?

Location: _____

Date of application: _____

Result of application: _____

15. Has applicant ever been confined to a hospital or institution of any kind? If so, furnish full details giving dates and reason for such confinement.

16. Police Record? _____ Yes _____ No If yes, explain: _____

17. History of sex abuse? _____ Yes _____ No If yes, explain: _____

18. History of Physical Abuse? _____ Yes _____ No If yes, explain: _____

19. Name and address of child's statutory guardian, if any _____

20. Give full reasons why the child cannot be reared at home under the care of parent, grandparent, guardian, or relatives with reasonable financial aid.

21. Are there any brothers or sisters able or willing to care for the child? ___ Yes ___ No

22. Has the child any relatives or friends with whom he/she could obtain a home? _Yes _ No

If answered yes to questions 18 or 19, what are their names and addresses?

23. Birth Certificate: (Attach a certified copy of the applicant's birth certificate as filed with the Bureau of Vital Statistics of the State in which the applicant was born.)

24. What is the applicant's Social Security Number? _____

25. Name and address of school last attended _____

*County School is in _____

26. Grade last attended _____

27. List all assets of every kind and character owned by the minor at the present time. Include all checking and savings accounts, stocks, bonds, insurance policies, etc. (If more space is needed use a piece of white paper and attach it to this sheet.)

TYPE OF ASSET	ACC'T. No.	NAME OF INSTITUTION	AMOUNT OF WORTH

28. In case of serious illness or death of this child, the following should be notified:

NAME	RELATIONSHIP	ADDRESS	PHONE NO.

Signature of parent or guardian

I, the undersigned, certify that the foregoing application and personal history of the child were filled in and signed in my presence.

Signature of parent or guardian

Revised 2-01-17

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