



Application for Admission of a Minor Child to the Masonic Children's Home, LLC

Date _____, 20 _____

Whereas, I, the undersigned, being the legal guardian _____

(name of the legal guardian) is _____ (relationship to the minor)

and the parents _____ (parents name/s) of the

minor _____ (minors name) are 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 Children's

Home, LLC at Elizabethtown of the R.W. Grand Lodge of Free and Accepted Masons of Pennsylvania,

and whereas, the Masonic Children's Home, LLC , 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.

I furthermore agree to provide another home for the said child whenever the Masonic Children's Home,

LLC shall so request.

APPLICATION FOR ADMISSION

Today's Date: _____

TELL US ABOUT YOUR CHILD

Child's legal name (as printed on birth certificate):

Last Name

First Name

Middle Name

Child's Social Security Number: _____

Birthplace: _____

Birthdate: _____

City

State

Child's current address: _____

Street

City

State

Zip

Is the child a U.S Citizen? Yes: _____ No: _____

Have you previously applied to Masonic Children's Home for this child? Yes: _____ No: _____

If yes, what year did you apply? _____

Name of current School: _____ (____) _____

Telephone #

Address of School: _____

Current Grade Level: _____



Does your child receive ELL services (English Language Learner): Yes: _____ No: _____

Has your child ever been suspended or expelled from school? Yes: _____ No: _____

For what infraction: _____

Does your child receive extra help at school such as:

Please check all that apply.

- IEP for behavior or emotional support
- 504 Plan for behavior or emotional support
- Behavior Plan
- Behavioral Consultant
- Counseling
- Mobile Therapy
- Therapeutic Support Services
- Speech Therapy

CHILD'S MEDICAL BACKGROUND

Child's family physician: _____

Doctor's name/name of practice

Street

City

State

Zip

Telephone number: _____

Any history of using illegal drugs or alcohol by the child? Yes: _____ No: _____

If yes, please explain.

Has the child ever been admitted to a psychiatric hospital for inpatient stay/evaluation?

Yes: _____ No: _____

Name of Institution/hospital: _____

Date(s) of admission: _____

Reason for admission:

History of sexual abuse? Yes: _____ No: _____ If yes, please explain.

History of physical abuse? Yes: _____ No: _____ If yes, please explain.

Does your child have a police record? Yes: _____ No: _____ If yes, please explain.

Have you observed any of the following behaviors in your child over the past year:

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Defiance (refusing to follow directions) | <input type="checkbox"/> Behaviors requiring hospitalization for mental health |
| <input type="checkbox"/> Sexually acting out | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Blaming others | <input type="checkbox"/> Angry or irritable mood |
| <input type="checkbox"/> Self-harm (cutting, hitting themselves) | <input type="checkbox"/> Drug or alcohol use |
| <input type="checkbox"/> Opposition | <input type="checkbox"/> Sad more days than most |
| <input type="checkbox"/> Behaviors requiring the police | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Vindictive (seeking revenge on others) | |

Highest level of education for Mother: _____

Highest level of education for Father: _____

Mother's employment:

Company: _____

Job Title: _____

Monthly Income: _____

Father's employment:

Company: _____

Job Title: _____

Monthly Income: _____

Is the mother in favor of the child entering Masonic Children's Home? _____

If not, explain why?

Is the father in favor of the child entering Masonic Children's Home? _____

If not, explain why.

ABOUT YOUR CHILD'S-BACKGROUND AND INTERESTS

1. Has your child traveled or lived in other states or countries? Yes: _____ No: _____

If yes, please list: _____

2. Does your child speak any language other than English?

If yes, which language: _____

3. Is your child involved in any faith/cultural community?

If yes, please describe: _____

4. Does your child have a special ability, talent or skill?

If yes, please describe it: _____

5. Is there anything we didn't ask that you can share that would help us better care for your child?

Any challenges or specific needs your child might have?

Yes: _____ No: _____

If yes, please describe:

6. Please check the box(es) that best fit your child's ethnic and racial identity:

White: _____

Black or African American: _____

Hispanic or Latino: _____

Asian: _____

Other: _____

7. What goals do you have or does your child have for the future?

8. Please describe your child's level of motivation to attend Masonic Children's Home:

Unsure: _____ Motivated: _____ Highly motivated: _____

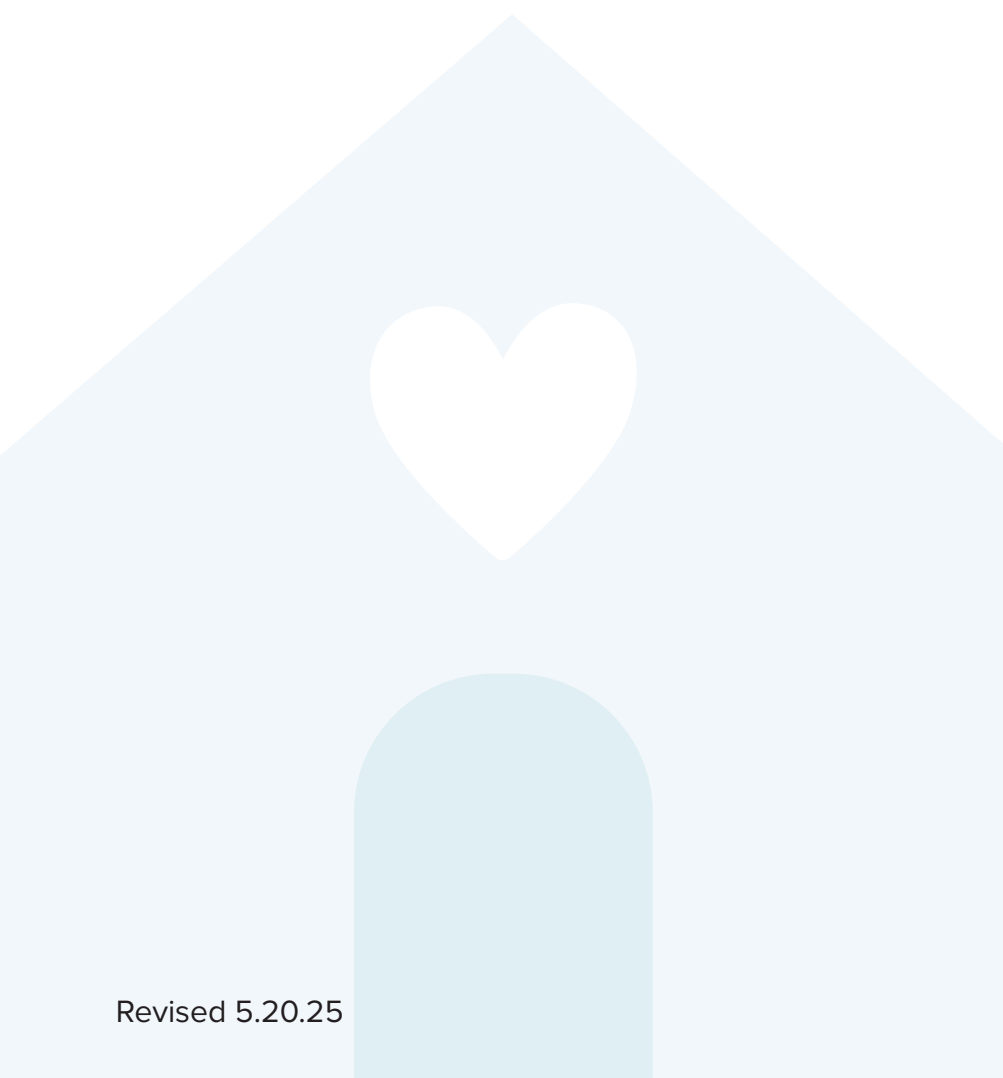
*Please sign and date that all information is correct and filled out to the best of your ability.

Signature of Parent (or Legal Guardian)

Date

Signature of Parent (or Legal Guardian)

Date



Revised 5.20.25

