

# MY CLUB APPLICATION FOR ENROLLMENT

(812)-945-0886  
INFO@CHRISTIAN-FORMATION.ORG



PO BOX 1575  
 NEW ALBANY, IN 47151

**Please Print:**

*If you are currently incarcerated, please give us the address where you lived when you were arrested. If you are not incarcerated, or the guardian of the children applying, then please give us your current address information.*

LAST NAME	FIRST NAME	MIDDLE INITIAL	IDOC NUMBER
STREET			
TOWN/CITY		STATE	ZIP CODE
PHONE	EMAIL ADDRESS		

*If you are the parent and your children are not living with you, please give us the name and contact information of the person taking care of your children:*

LAST NAME	FIRST NAME	
STREET		
TOWN/CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS	

*If your children are not living with you, please check below what best describes the relationship between you and the person taking care of your children:*

- |   |  |
|---|--|
| <input type="checkbox"/> MY MOTHER/FATHER | <input type="checkbox"/> MY GRANDMOTHER/GRANDFATHER          |
| <input type="checkbox"/> MY HUSBAND/WIFE  | <input type="checkbox"/> FATHER/MOTHER OF THE CHILD/CHILDREN |
| <input type="checkbox"/> LEGAL GAURDIAN   | <input type="checkbox"/> FRIEND                              |
| <input type="checkbox"/> RELITIVE         | <input type="checkbox"/> OTHER                               |

*Martial Status - please check the phrase that applies:*

- |  |  |
|--|--|
| <input type="checkbox"/> I'VE NEVER BEEN MARRIED | <input type="checkbox"/> I'M CURRENTLY MARRIED |
| <input type="checkbox"/> I'M SEPARATED/DIVORCED  | <input type="checkbox"/> I'M A WIDOW/WIDOWER   |

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**How many children do you have under the age of eighteen:** \_\_\_\_\_

**How many children would you like to sign up for My Club:** \_\_\_\_\_

**Please list each child you have under the age of eighteen. If they have the same father/mother, then list the other parent only once, under the first child. If there are more children in the household, please fill out the requested information on a separate sheet of paper and attach to application:**

**CHILD 1** I WISH TO ENROLL CHILD IN MY CLUB (Y/N) \_\_\_\_\_

FIRST & LAST NAME		DATE OF BIRTH
OTHER PARENTS NAME	PHONE	EMAIL

**CHILD 2** I WISH TO ENROLL CHILD IN MY CLUB (Y/N) \_\_\_\_\_

FIRST & LAST NAME		DATE OF BIRTH
OTHER PARENTS NAME	PHONE	EMAIL

**CHILD 3** I WISH TO ENROLL CHILD IN MY CLUB (Y/N) \_\_\_\_\_

FIRST & LAST NAME		DATE OF BIRTH
OTHER PARENTS NAME	PHONE	EMAIL

**CHILD 4** I WISH TO ENROLL CHILD IN MY CLUB (Y/N) \_\_\_\_\_

FIRST & LAST NAME		DATE OF BIRTH
OTHER PARENTS NAME	PHONE	EMAIL

**CHILD 5** I WISH TO ENROLL CHILD IN MY CLUB (Y/N) \_\_\_\_\_

FIRST & LAST NAME		DATE OF BIRTH
OTHER PARENTS NAME	PHONE	EMAIL

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**Legal Status:**

HAVE YOU EVER BEEN ARRESTED OR CHARGED FOR PHYSICALLY ABUSING YOUR SPOUSE, LIFE PARTNER, AND/OR CHILDREN? (Y/N) _____	IS THERE NOW, OR HAS THERE EVER BEEN, ANY KIND OF PROTECTIVE OR NO-CONTACT ORDER FILED AGAINST YOU? (Y/N) _____
PLEASE EXPLAIN THE PROTECTIVE ORDER—WHEN IT WAS ISSUED, WHO ISSUED IT, WHETHER IT IS STILL IN FORCE, WHEN IT WAS CANCELLED (IF IT WAS), WHO IT IS THAT YOU ARE SUPPOSED TO STAY AWAY FROM, AND ANY OTHER DETAILS:	

**I certify by my signature that all the information I have provided on this application is accurate. I understand and agree that Christian Formation Ministries, Inc. will confirm the accuracy of the information I have given on this application.**

**I further certify, should my application , that I have the have the legal standing as a parent or guardian of the above child/children to enroll them in My Club.**

**While Christian Formation Ministries, Inc. will keep the information I've given on this application confidential, I understand and agree that they will share it with the members if the committee reviewing this application, and that it will be made available to me child's/children's mentor, should they be accepted in the program.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

Do not write below this line:  
.....