

THE METHODIST CHURCH IN IRELAND

**CHILD CARE SOCIETY**  
(founded in 1870 as the Methodist Orphan Society)

**APPLICATION FORM**

SECTION ONE:

Parent/Guardian's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

NAMES OF DEPENDENT CHILDREN:      Eldest first, please give surname if different from above.

1.      \_\_\_\_\_      Date of Birth \_\_\_\_\_
2.      \_\_\_\_\_      Date of Birth \_\_\_\_\_
3.      \_\_\_\_\_      Date of Birth \_\_\_\_\_
4.      \_\_\_\_\_      Date of Birth \_\_\_\_\_
5.      \_\_\_\_\_      Date of Birth \_\_\_\_\_
6.      \_\_\_\_\_      Date of Birth \_\_\_\_\_

SECTION TWO:      To be completed by the Minister through whom the application is made.

1.      What is the present relationship of the family to the Methodist Church?  
\_\_\_\_\_  
\_\_\_\_\_
2.      Please outline the needs of this family and state the reasons why you feel they should receive support from the Child Care Society.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on separate sheet if necessary.

SECTION TWO (continued):

3. Is the sole income of this family state benefits?

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4. If not, please state total annual income.

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5. Is there any other information which you would consider relevant to this application?

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SECTION THREE:

I declare that the information contained in this application is to the best of my knowledge correct and I promise and agree that if the children are accepted I will comply with the rules of the Society (a copy of which has been given to me) and that I will encourage them to be involved in the life of the church.

Signature of Parent or Guardian: \_\_\_\_\_

SECTION FOUR:

Signed by the Minister completing this application:

\_\_\_\_\_ Date: \_\_\_\_\_

SECTION FIVE:

When completed and signed, this form should be forwarded to the Secretary or Lay Treasurer of the Child Care Society. Please retain a copy to assist in completing the Annual Review.