*The Methodist Church in Ireland*

**Child Care Society**

*(founded in 1870 as the Methodist Orphan Society)*

**Application Form**

**Section One**

Name & address of

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Dependent Children *Please give surnames if different from above*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Please outline the needs of the family and state the reasons why you think they should receive support from the Child Care Society.

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3. Is the sole income of the 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 correct,to the best of my knowledge, 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**

I hereby certify that I have seen the Birth Certificates relating to the children whose names appear on this application.

Signature of minister completing this application

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

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

**The Methodist Church in Ireland**

**Child Care Society**

**(founded in 1870 as the Methodist Orphan Society)**

Ministerial Treasurer and Secretary: Lay Treasurer:

Rev Dave Sweeney Mrs Margaret Copeland

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BT32 4QA Poyntzpass

07368 866618 Newry

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 margaret.copeland@irishmethodist.org

**Rules**

For the guidance of parents and guardians

* All children who are receiving grants shall be encouraged to be involved in the life of the Methodist Church by attending Sunday School, Youth Organisations and Church Services.
* Parents and Guardians are expected to maintain a close connection with the congregation through which the grant is paid and to set a good example to the children by regular Church attendance at worship.
* Grants may be withdrawn if the rules of the Society are not adhered to.