

**Marriage Ministries**  
**Childcare Assistance Application**  
First Evangelical Free Church of Fullerton

Date \_\_\_\_\_ Name \_\_\_\_\_  
Couple's Last Name Couple's First Name

Address \_\_\_\_\_  
Street/PO Box City Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you attend church here? Member \_\_\_ Regular Attender \_\_\_ Adult Fellowship \_\_\_\_\_

|                          |         |                    |         |
|--------------------------|---------|--------------------|---------|
| Number of Children _____ |         |                    |         |
| Child's Name _____       | Age ___ | Child's Name _____ | Age ___ |
| Child's Name _____       | Age ___ | Child's Name _____ | Age ___ |
| Child's Name _____       | Age ___ | Child's Name _____ | Age ___ |

|              |  |                      |  |
|--------------|--|----------------------|--|
| Work Status: |  |                      |  |
| Husband      | Employed ___ Unemployed ___ Disabled ___     | Monthly Income _____ |  |
| Wife         | ___ Employed ___ Unemployed ___ Disabled ___ | Monthly Income _____ |  |

|   |
|---|
| Do you have any family members or friends in the area to help w/childcare responsibilities? _____ |
| You are responsible to retain your own childcare provider.  |
| We registered for _____ Marriage Class.   |

Briefly explain your need for childcare assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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