



Lighthouse Child & Family Development Center
 2548 N. Fremont Ave, Suite 100
 Springfield, MO 65803
 417.865.1378 417.865.1268 (fax)

INITIAL APPLICATION

This initial application is to help LCFDC staff determine if a family is a potential candidate for enrollment in the Lighthouse program. Actual admission decisions are not made based upon this application, but on information gathered over a 5-step admissions process.

1. Initial Application 2. In-Person Interview 3. Family Asset Inventory 4. Background Screening 5. Admissions Committee

Instructions: This initial application form is to be completed by the family desiring enrollment consideration by the Lighthouse Child & Family Development Center (LCFDC). The family may be assisted in completing the application if necessary. However, actual responses should be provided directly by family members. Note that all adult family members should sign the application in the space provided. Please complete the form accurately and completely.

Applying families are also asked to provide letters of recommendation/nomination from individuals familiar with the family. These letters may be sent to the LCFDC directly, or along with the application.

Date of application: _____ Referred by: _____

Names of All Family Members:

Name (First MI Last)	DOB	Family Role	Occupation/Grade Level

Address: _____
Street City, State Zip

Does every family member listed live at this address? Yes No-explain _____

Telephone: _____ Home Cell Other

Yearly Household Employment Income: _____

Are you and those in your family of Christian faith? Yes No

The Lighthouse Child & Family Development Center (LCFDC) is a faith-based family development program for low-income, Christian families with children 0-5. LCFDC provides a nurturing childcare environment at no charge to qualified families that participate in the program and continue to demonstrate progress toward self-sufficiency. The Lighthouse program assists Christian families in their efforts to become informed, self-sufficient members of our community. This program increases the potential success of Springfield children and families by taking a holistic and systematic approach to the barriers families face in our society today. This approach addresses the needs of the at-risk child as an individual, as a member of a family, and that family as a member of our community. The LCFDC is founded on belief that the success of the child becomes the success of the community.

What specific goals or outcomes would the family like to achieve as a result of participating in the LCFDC program?

What do you think your main obstacle to this goal has been?

Do all members of your family understand that the LCFDC expects families to become more self-sufficient over the course of their program involvement? () Yes () No

Do you wish to create a better lifestyle for your family? () Yes () No

Are you willing to participate in monthly parent-education courses? () Yes () No

Are you willing to participate in monthly financial management courses? () Yes () No

Is each adult member of your family willing to commit to volunteering in the center? () Yes () No

List all forms of public and/or government assistance received by members of your family:

Type of Support or Assistance	Amount or Type of Service Received

Signature of Applicant(s):

Parent/Guardian

Parent/Guardian

Other Adult Family Member