

# Wishes for Children Foundation Wish Application



## Child's Details:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Child's Gender: (Please check)  Male  Female

Child's DOB (Date of Birth) \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Family Details:

The child resides with (Please Check)

Mother  Father  Legal Guardian

## Mother's / Legal Guardian Details:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address (If different from child's) \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (Home) \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

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

## Father's / Legal Guardian Details:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address (If different from child's) \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (Home) \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

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

## Medical Information:

Child's Illness \_\_\_\_\_

Is your child aware that their illness is life-threatening or with the medical disability that they may encounter?

(Please Check)  Yes  No

Can your child communicate verbally?

(Please check)  Yes  No  Partially

Volunteers will work with families and non-verbal children to discover the true nature of the child's wish or dream.

**Medical Specialist:**

Title \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address Where Specialist Treats You Child:

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Fax \_\_\_\_\_

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

**School Details (If Applicable)**

Name of School or Preschool \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Name of Teacher \_\_\_\_\_

**Please explain the hardships that the child(ren) may be having.**

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

**Wish Request:**

Please describe in detail your child’s wish or dream (if known at this time).

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

Has a wish or dream already been fulfilled for the child(ren)? Is one in the process of being given by another organization?

(Please check)  Yes  No

If the child(ren) has had a wish or dream granted by another organization please give the month and year.

Month \_\_\_\_\_ Year \_\_\_\_\_

**Please Note:** If your child is in the “process” of having a wish or a dream granted by any other organization then he / she may be ineligible to have a wish or dream granted by Wishes for Children Foundation. If your child(ren) has had a wish granted by another organization in the past, your wish request is determined on a case by case bases.

How did you hear about Wishes for Children Foundation? (Please Check)

- Radio
- Newspaper
- Magazine
- TV
- Community Group
- Chamber of Commerce

- Internet  Website  
 Family Friend or Relative  Other, (Please specify) \_\_\_\_\_

**Future Contact:**

Do you agree to be contacted by Wishes for Children Foundation after the wish is granted?  
(Please check)  Yes  No

**Publicity Authorization:**

Wishes for Children Foundation acknowledges that the involvement of wish and dream children and their families in the foundation's publicity activities assists in raising the foundation's profile in the community to fundraise and grant further wishes and dreams.

- Yes I authorize publicity pertaining to my child's wish / dream  
 No I do "not" authorize publicity pertaining to my child's wish / dream

By checking "yes" you agree that Wishes for Children Foundation may approach you about participating in publicity for the foundation or for third parties including but not restricted to newspapers, magazines, online media, radio and television. Information that may be used includes, child's first name, age and wish / dream, name of the child's illness details of wish presentation, general interests and hobbies of child, reasons for choosing wish / dream, first names only of family members and state the child resides in.

Please Note: Publicity authorization has no bearing on the approval of your child's wish / dream application. You may change your child's publicity status at any time by writing a letter to Wishes for Children Foundation. The new status will apply from that point forward, but not to the existing material already produced to the foundation.

**Consent:**

I / we acknowledge that no promises or assurances whatsoever have been made to me / us by any representative of Wishes for Children Foundation regarding the requested wish / dream. I / we understand that the granting of any wish / dream and the authority to participate therein by any person is contingent upon approval by the Board of Directors of Wishes for Children Foundation and compliance with all conditions, qualifications, pre-requisites and restrictions imposed by Wishes for Children Foundation.

I / we also acknowledge that should the request wish / dream be granted, that no negotiation pertaining the wish / dream with any third parties by myself / ourselves or by representatives on my / our behalf will be undertaken with out prior consent and express agreement of al Director of the Board of Wishes for Children Foundation in writing. Should such consent and agreement be provided, then I / we further acknowledge that I / we will keep the Board of Directors of Wishes for Children Foundation informed in writing of the progress and results of such negotiations as soon as practicable.

I / we hereby authorize and request the herein mentioned medical specialist to release to Wishes for Children Foundation, all information required by Wishes for Children Foundation in relation to the health of the child. A photocopy of this authorization shall be valid as the original

I declare that I have read and understand the Privacy outlined in this brochure and I consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where I have provided information about another individual, I declare that the individual has been made aware of that fact and the contents of the Privacy Statement.

**Signature of: Mother / Father / Legal Guardian (Please Circle)**

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Signature

Print

Date