

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

Signature

Print

Date