



APPLICATION FOR A DREAM ILL OR HURT CHILD

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Child's Name _____ Phone Number _____
Child's Address _____
City, State, Zip _____ County _____
Child's Birth Date _____ Child's Age _____ Child's SSN _____
Names/Ages of Siblings _____
Parent/Guardian Name _____ Phone Number _____
Parent/Guardian E-mail Address _____
Private Notification Phone Number (one the child won't answer) _____
Child's School (if applicable) _____
How did you hear about us? _____

CATEGORY: (Please circle one)

*Terminally Ill *Chronically Ill *Accident

Please complete information below and the medical release statement (separate form).

Child's Doctor _____ Phone Number _____
Doctor's Address _____
Doctor's Diagnosis _____
Doctor's Signature _____

I authorize this dream request and agree to provide requested information and make myself, my child, and other family members available to discuss and receive this dream. I understand this application does not guarantee a dream request will be granted. I understand that dream details for fulfillment, should my application be approved, will be left to the discretion of the agency.

Parent/Legal Guardian

DATE

**Please note: children who have received a wish or dream from other wish/dream granting organization are NOT eligible to receive a dream from A Child's Dream.*



**APPLICATION FOR A DREAM
ILL OR HURT CHILD**

Please explain why A Child's Dream should grant this dream request?

**What is the dream A Child's Dream can help come true? Please give as many details as possible.
(Feel free to use a separate sheet of paper)**



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Please list the child's preferences in the information requested below:

Favorite color:

Favorite toy:

Pets (kind and names):

Favorite food:

Favorite activity:

Favorite candy:

Favorite animal:

Favorite sports team and athlete:

Favorite soda pop:

Favorite song:

Favorite singer:



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Favorite band:

Favorite movie:

Favorite TV show:

Favorite TV star:

Favorite restaurant:

Please provide any additional information regarding the child or the dream request:



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FOR OFFICE USE ONLY:

Date received: _____

Date entered to online database: _____

File name: _____ .pdf

Committee's decision: _____