



# DREAM CHILD APPLICATION

P: 727.896.6390 F: 727.896.6380 P.O. BOX 1881, ST. PETERSBURG, FL 33731  
WWW.CHILDRENSDREAMFUND.ORG

## DREAM CHILD INFORMATION

Full Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female   
Illness: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_ Race: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Legal Mother's full name: \_\_\_\_\_ Legal Father's full name: \_\_\_\_\_  
Does the child reside with both biological parents? Yes  No  If no, with whom do they reside? \_\_\_\_\_  
Who has custody of the child? Mother  Father  Joint  Other  \_\_\_\_\_

## PHYSICIAN & MEDICAL INFORMATION

Hospital: \_\_\_\_\_ Clinic: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email: \_\_\_\_\_  
Social Worker: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email: \_\_\_\_\_  
Child Life: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email: \_\_\_\_\_

## MOTHER / LEGAL GUARDIAN Are you primary contact? Yes No

Full Name \_\_\_\_\_ Mother  Guardian  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_ Home  Work  Cell  Secondary Telephone: \_\_\_\_\_ Home  Work  Cell   
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Marital Status: Married  Divorced  Separated  Widowed  Single  T-Shirt Size: \_\_\_\_\_

## FATHER / LEGAL GUARDIAN Are you primary contact? Yes No

Full Name \_\_\_\_\_ Father  Guardian  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_ Home  Work  Cell  Secondary Telephone: \_\_\_\_\_ Home  Work  Cell   
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Marital Status: Married  Divorced  Separated  Widowed  Single  T-Shirt Size: \_\_\_\_\_



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## SIBLING INFORMATION

Sibling's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Legal Parent(s) name(s): \_\_\_\_\_ Who has custody of the child? \_\_\_\_\_

Sibling's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Legal Parent(s) name(s): \_\_\_\_\_ Who has custody of the child? \_\_\_\_\_

Sibling's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Legal Parent(s) name(s): \_\_\_\_\_ Who has custody of the child? \_\_\_\_\_

Sibling's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Legal Parent(s) name(s): \_\_\_\_\_ Who has custody of the child? \_\_\_\_\_

Sibling's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Legal Parent(s) name(s): \_\_\_\_\_ Who has custody of the child? \_\_\_\_\_

## DREAM INFORMATION

Has the child ever received a wish from another organization? Yes  No  If yes, with whom? \_\_\_\_\_

How did you hear about the Children's Dream Fund? \_\_\_\_\_

A Dream Coordinator will be meeting with you and your child to discuss his/her dream. Your child's dream idea does not need to be decided at this time, but if they have ideas, please briefly describe:

Dream Idea 1: \_\_\_\_\_

Dream Idea 2: \_\_\_\_\_

**All applications are reviewed by the Children's Dream Fund and families will be notified upon approval.  
Dreams are granted at the sole discretion of the Children's Dream Fund.**

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Notes: