



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? _____

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

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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: