



Family Enrollment Form

Child's Name: _____

DOB: ____/____/____ M / F (circle one)

Parent(s)/Caregiver(s) Name(s):

Child's Home Address:

City: _____ State: _____ Zip: _____

County: _____ Circle Child's T-shirt Size: XS(2-4) S(6-8) M(10-12) L(14-16)

Phone #1 (Primary/Permanent): (____) _____

Phone #2 (Secondary/Cell): (____) _____

Child's Diagnosis: (Please list all)

Date of Initial Diagnosis: _____ Date(s) of Relapse/Recurrence _____

Brief Description of Current Treatment Plans:

Doctor(s') name(s) and information involved with diagnosis and treatment plans:

Treatment Facilities Involved in Patient Care: (List Facility and City Location)

Child's Special Interests and Hobbies: _____

Structure of Household: (Other than siblings, who lives with the caregiver(s) and child?)

Name _____ Relationship to child _____ Age _____

Name _____ Relationship to child _____ Age _____

Marital Status of Parents/Guardians: (circle one) Single Married Divorced Cohabitants Widowed

If divorced, who has custody of child? _____

Caregiver/Guardian (if other than parent): _____

Relationship: _____ Daytime Phone (_____) _____

Family Resources/Previous Support: (please check all that apply)

_____ Mother works _____ Father works _____ Siblings Work _____ Other

Other Family Support: _____

Previous Fundraisers:

Have previous wishes been given? What was the wish and date of the wish: _____

Siblings:

1) Name: _____ Date of Birth: ____/____/____ T-shirt Size _____

Interests/Hobbies: _____

2) Name: _____ Date of Birth: ____/____/____ T-shirt Size _____

Interests/Hobbies: _____

3) Name: _____ Date of Birth: ____/____/____ T-shirt Size _____

Interests/Hobbies: _____

4) Name: _____ Date of Birth: ____/____/____ T-shirt Size _____

Interests/Hobbies: _____

5) Name: _____ Date of Birth: ____/____/____ T-shirt Size _____

Interests/Hobbies: _____

Special Family Interests: _____

How did you hear about Shelbi's Sweets and Treats?

Social Worker _____ Friend _____ Physician _____

Volunteer _____ Nurse _____ Other _____

Consent to Release Information and Affirmation:

I do hereby authorize all hospitals, and Doctors to release to Shelbi's Sweets and Treats or its duly authorized representative, any information deemed necessary to complete the processing of my enrollment form for participation in Shelbi's Sweets and Treats. In addition, I do hereby authorize all hospitals or Doctors to release to Shelbi's Sweets and Treats or its duly authorized representative, any information or itemized statements that pertain to cancer treatments and related expenses. I further authorize Shelbi's Sweets and Treats and its representative's to provide such information to those institutions or individuals as may be reasonably required to assist our family and our child. All consents given herein shall continue until such time as the undersigned provides notice of termination in writing.

The undersigned agree(s) to maintain contact with Shelbi's Sweets and Treats and inform the organization if there are any changes to the information contained in this original enrollment form. An updated form will be completed by the undersigned any time there is a change in information, family status and child's status or if there is any new request by the undersigned. I have read the guidelines for participation with Shelbi's Sweets and Treats and I declare that the information furnished on this enrollment form is true and correct to the best of my knowledge.

Dated this _____ day of _____, in the year 20_____

Mother/Guardian Signature Father/Guardian Signature

Please Print Name

Witness

Media Release Agreement

I hereby give my permission for Shelbi's Sweets and Treats and/or its representatives to use photographs, audio tape recording or videotape of my child, my family and/or myself and to use our names, these images or voice recordings in publications, slides, videotapes, motion pictures, in the media or on the internet. I understand these visual images or voice recordings will be used to inform families, volunteers, the media and the general public about Shelbi's Sweets and Treats and its programs, services and/or events. I gladly give this authorization to support the efforts of Shelbi's Sweets and Treats. I understand this authorization shall continue until terminated in writing. I also understand that if I do not give my permission to be included in different forms of media that it will in no way limit or influence the benefit of services provided by Shelbi's Sweets and Treats to my child and my family.

Signing this media release agreement is NOT a requirement in order to receive assistance from Shelbi's Sweets and Treats.

Child's Name: _____

Parent/Guardian Signature Date

Relationship

Please Print Name

Please fill out this entire form to the best of your ability. When the form is completely filled out please mail it to:

Shelbi's Sweets & Treats
4001 Cinwood St. NW
Massillon, OH 44646

If you have any questions or concerns please contact us at (330) 478-8720 or email us at shelbissweetsandtreats@yahoo.com