



PARENTS APPLICATION FORM

(Please read Application Instructions before completing)

Child's Name: _____ Birthdate: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Mother's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Guardian's Name (if applicable, must provide documentation): _____

Address: _____ Relationship: _____

Home or Cellphone: Email: _____

Name(s), dates of birth and relationship of other family children:

Hospital: _____ Address: _____

Physician: _____ Phone: _____

Social Worker: _____ Phone: _____

Social Worker Comments: _____

Has applicant ever applied for and/or received a wish from any not-for-profit organization including the Chic by Karina Foundation? Yes: _____ No: _____

If yes, please detail: _____

Agency: _____ Wish: _____ Date of Wish: _____

Child's "Special Wish" (Be specific): _____

Parent/Guardian Comment: _____

I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.

Parent/Guardian Signature: _____ Date: _____