

Instructions For Completing the Wish Inquiry Form

- 1) Please fill out all fields highlighted in **yellow** as best you can.
- 2) Please have the child's physician(s) complete all sections that are *NOT* highlighted in yellow.
- 3) Please return the completed form to:

Wish Upon A Star

PO Box 3731

Joliet, IL 60434

Do Not Email this application.

If you have any questions or concerns, please contact us:

(815) 744-9175 or at info@wishchild.com



www.WishChild.com

WISH INQUIRY FORM



Date: _____

- 1) Child's Name _____ Age _____
- 2) Actual Birth Date _____ Childs Weight _____ T-Shirt Size _____
- 3) Address _____ City _____ State _____ Zip _____
- 4) Parent's Name (Father) _____ Birth Date _____ Age _____ T-Shirt Size _____
- 5) Parent's Name (Mother) _____ Birth Date _____ Age _____ T-Shirt Size _____
- 6) Home Phone (_____) _____ Work Phone (_____) _____
- 7) Cell Phone-Father (_____) _____ Cell Phone-Mother (_____) _____
- 8) Email (Father) _____
Email (Mother) _____
- 9) Drivers License No: (Father) _____ (Exp. Date) _____
Drivers License No: (Mother) _____ (Exp. Date) _____
- 10) Referred by: _____
- 11) Brother's Name _____ Birth Date _____ Age _____ T-Shirt Size _____
- 12) Sister's Name _____ Birth Date _____ Age _____ T-Shirt Size _____
- 13) Physician's Name _____ Emergency No. (_____) _____
- 14) Address _____ Phone No. (_____) _____
- 15) City _____ State _____ Zip _____
- 16) Date of Diagnosis _____ Diagnosis _____
- 17) Hospital Child is being treated at: _____
- 18) Prognosis: _____
Can this be Life Theatening? Yes No
- 19) Will child have any special medical needs if wish is granted? Yes No *(Please Explain)*

- 20) Is Family bringing a wheelchair? Yes No
- 21) What is Child's wish:
1) _____
2) _____
3) _____
- 22) Approximate time frame to grant wish _____
- 23) Has any other organization granted a wish? Yes No
- 24) Permission to use child's name for public relations purposes Yes No
(i.e. press releases, radio, TV, brochures, etc.)
- 25) Parent's Signature _____
- 26) Physician's Signature _____