Nathaniel's Hope

VIP CHRISTMAS Registration Form

VIP Kids are any kids with special needs, which include any physical, cognitive, medical or hidden disability, chronic or life-threatening illness, or those that are medically fragile.

REGISTRATION DEADLINE: DECEMBER 14, 2009

PLEASE NOTE: FAMILIES WITH MEDICALLY FRAGILE KIDS WILL BE GIVEN PRIORITY FOR CARAVAN VISITS

PARENT/CAREGIVER'S INFORMATION:

First Name: _____ Last Name: _____

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

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Relationship to VIP: _____ Do you speak: ☐ Spanish? ☐ Sign Language?

Home Church (if any): _____ Church City: _____

Did you participate in Caroling for Kids last year? ☐ No ☐ Yes

How did you hear about Caroling for Kids? _____

How many people live at home? Adults _____ Children _____

CAROLING CARAVAN INFORMATION:

We have Caroling Caravan Teams that visit families of VIP kids who are medically fragile. Prior to their visit they will contact you to find out a little more about your family.

Would you like a Caroling Caravan team to visit your home on Christmas Day? ☐ No ☐ Yes, if yes, what area of town are you in?

☐ 1: Central/Downtown Orlando
☐ 2: West: Clermont, Ocoee, Windermere, Winter Garden
☐ 3: North West: Altamonte Springs, Apopka
☐ 4: North: Casselberry, Lake Mary, Longwood, Maitland, Winter Park, Winter Springs
☐ 5: North East: Oviedo
☐ 6: South East: Hunter's Creek, Kissimmee, Poinciana
☐ 7: South West: Celebration, Davenport
☐ Other _____

What time would be best?

1st Time Preference: ☐ Late Morning ☐ Early Afternoon ☐ Late Afternoon ☐ Early Evening

2nd Time Preference: ☐ Late Morning ☐ Early Afternoon ☐ Late Afternoon ☐ Early Evening

Is there anything that the carolers should know? (e.g. you need them to visit you at a different address than the one listed above) _____

TOY INFORMATION:

Walgreen's is collecting new toys at Central Florida locations and Nathaniel's Hope will be filling requests for our VIP families from the items that are donated. Gifts are primarily small toys, books, etc.

Do you need toys for Christmas? ☐ No ☐ Yes

Are you able to come by our office (in Orlando International Airport area) to pick up toys? ☐ No ☐ Yes, if yes, call our office at 407-857-8224 or visit our website for toy pick-up dates and times **OR**

Would you like a Caroling Caravan team to deliver toys to your home on Christmas Day? ☐ No ☐ Yes

Please Note: Caroling Caravan teams will only deliver toys to VIP families who have not already picked up toys from our office.

What types of toys do your children enjoy? _____

(continued on next page)

Mail this form to: Nathaniel's Hope, 2300 Jetport Drive, Orlando, FL 32809
OR FAX to 407-447-9241 **OR** register online at www.NathanielsHope.org
For more information, call us at 407-857-8224 or visit our website

Child #1 INFORMATION (Please fill out this section for each child)

☐ VIP ☐ Sibling Developmental Age: _____ Birthday (MM/DD/YY): _____

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female Child's school: _____

Please explain your child's special need (s): _____

Special equipment used (walker, wheelchair, etc.): _____

What are your child's talents/interests? _____

Child #2 INFORMATION

☐ VIP ☐ Sibling Developmental Age: _____ Birthday (MM/DD/YY): _____

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female Child's school: _____

Please explain your child's special need (s): _____

Special equipment used (walker, wheelchair, etc.): _____

What are your child's talents/interests? _____

Child #3 INFORMATION

☐ VIP ☐ Sibling Developmental Age: _____ Birthday (MM/DD/YY): _____

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female Child's school: _____

Please explain your child's special need (s): _____

Special equipment used (walker, wheelchair, etc.): _____

What are your child's talents/interests? _____

Child #4 INFORMATION

☐ VIP ☐ Sibling Developmental Age: _____ Birthday (MM/DD/YY): _____

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female Child's school: _____

Please explain your child's special need (s): _____

Special equipment used (walker, wheelchair, etc.): _____

What are your child's talents/interests? _____

Is there any special need or prayer request that you would like to share with us?

_____

_____

_____

OPTIONAL DEMOGRAPHIC INFORMATION

When applying for grants, we are asked for certain information. By responding to these **optional** *questions, you will be helping us in garnering funds for Nathaniel's Hope.* ***The information that you provide here will NOT be used in relation to your Caroling for Kids interest.***

Family income level:
☐ < $20,000 ☐ $20,001 – 30,000 ☐ $30,001 – 40,000 ☐ $40,001 – 50,000 ☐ $50,001 – 60,000 ☐ > $60,001

Race/Ethnicity:
☐ African-American/Black
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Caucasian/White
☐ Chinese
☐ Filipino
☐ Guamanian or Chamorro
☐ Hispanic/Latino/Latina
☐ Japanese
☐ Korean
☐ Native Hawaiian
☐ Pacific Islander
☐ Samoan
☐ Vietnamese
☐ Other, please specify _____