



Nathaniel's Hope Caroling Caravan Christmas Visit Request Form for VIP Families

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 19, 2007

Please fill out one registration form per VIP Kid.

Child's Name: _____ Birthday (MM/DD/YY): _____

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

Child's school: _____ Gender: Male Female

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

What are your child's special talents or abilities? _____

I would like for my child's information to be included in the online **VIP Birthday Club**.

Parent/Caregiver Name: _____

Relationship to VIP: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Home Church (if any): _____

Church City: _____

How did you hear about the **Caroling Caravan**? _____

Do you speak... Spanish? Sign Language?

How many people are in your family and **live at home**? Adults: _____ Children: _____

Names of other children and ages (for each VIP child, please fill out a separate form, at least the top portion, and attach together): _____

What is the best time for you to receive visitors on Christmas Day? _____

If you have a need for Christmas, please call our office at 407-857-8224.

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 Caravan* 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 Filipino Korean
 American Indian or Alaska Native, tribe: _____ Native Hawaiian
 Asian Indian Guamanian or Chamorro Pacific Islander
 Caucasian/White Hispanic/Latino/Latina Samoan
 Chinese Japanese Vietnamese
 Other, please specify _____

Nathaniel's Hope OFFICE USE ONLY

Registered with: _____ Date/Time: _____ Email Fax Mail Phone Website
 (initials) Other _____

Database entry by: _____ Date: _____

Mail this form to: **Nathaniel's Hope**, 2300 Jetport Drive, Orlando, FL 32809
OR fax this form to 407-447-2021 **OR** call us at 407-857-8224