



Nathaniel's Hope 7th Annual Make 'm Smile

June 6, 2009

Registration Form

Bring the whole family, but one parent/guardian (18 or older) must complete this registration form and accompany child(ren) at all times throughout event.

- I am a **VIP** (VIP Kids are any kids with special needs, which include any physical, cognitive, medical or hidden disability, chronic or life-threatening illness, or those who are medically fragile.)
- I am a **Buddy** (Buddies are individuals, couples and/or families that want to "Be a Buddy" and engage in friendship with a VIP Kid and their family.)

Have you attended **Make 'm Smile** before? Yes No

Adult Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Your relationship to VIP (if applicable): _____

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

Do you speak: Spanish? Sign Language?

How did you hear about **Make 'm Smile** this year? _____

How many people will be attending? Adults: _____ Children: _____

VIP INFORMATION – Child #1

Please fill out this section for each VIP (see back for additional forms)

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

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? _____

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.

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 Other, please specify _____

Filipino Guamanian or Chamorro Hispanic/Latino/Latina Japanese Korean

Native Hawaiian Pacific Islander Samoan Vietnamese

Mail this form to: **Nathaniel's Hope**, 2300 Jetport Drive, Orlando, FL 32809 or **fax** to 407-447-2021 or register **online** at www.NathanielsHope.org. For more information, **phone** us at 407-857-8224

VIP INFORMATION – Child #2

Please fill out this section for each VIP Child.

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

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? _____

VIP INFORMATION – Child #3

Please fill out this section for each VIP Child.

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

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? _____

VIP INFORMATION – Child #4

Please fill out this section for each VIP Child.

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

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? _____

VIP INFORMATION – Child #5

Please fill out this section for each VIP Child.

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

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? _____

VIP INFORMATION – Child #6

Please fill out this section for each VIP Child.

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

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? _____