

Hugs and Hope Application Form

FAMILY INFORMATION:

Parents: _____

CONFIDENTIAL Home Address: _____

City: _____ State: _____ Zip: _____

Two email addresses: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____
(name and phone number)

Mailing Address to post on Internet (NOT confidential home Address): _____

PATIENT INFORMATION:

Child's name: _____

Male or Female: _____ Birth Date: _____

Personal web site URL: _____

Main Diagnosis: _____

Other Diagnoses: (please describe in plain English and do not abbreviate)

Child's skill level and limitations: _____

Interests, collections, hobbies: (Attach a BRIEF typewritten or printed bio (1-2 paragraphs) about your child to help us get to know him or her AND two clear photos of your child -- before and after treatment, from the shoulders up if possible)

DOCTOR INFORMATION:

Doctor Name: _____ Phone: _____

Hospital Name: _____ Address: _____

_____ Phone: _____

(Have doctor mail us a letter stating child's diagnoses and verifying a critical illness.)

SIBLING INFORMATION

Name: _____ Gender: _____ Birth Date: _____

Hobbies/Interests: _____

2) Name: _____ Gender: _____ Birth Date: _____

Hobbies/Interests: _____

3) Name: _____ Gender: _____ Birth Date: _____

Hobbies/Interests: _____

If you have questions about completing this application, email our registrar, Peg at webster52@charter.net

(Parent Signature (date)

Mail completed application to Peg Jannsen; 3071 S. Rifle Road; Rhinelander, WI 54501

CHECKLIST:

Below is a list of everything we require in order to post your child on the HUGS and HOPE web site. Please be sure you complete ALL the following. Incomplete applications will be rejected. If any information is missing, your child will NOT be featured on our site.

- () 1. Photos of your child (preferably alone rather than with others)
- () 2. Typed letter from child's doctor on his own letterhead.
- () 3. This completed and signed application, which MUST have every question answered and MUST include two email addresses and a mailing address which is DIFFERENT from the home address.)
- () 4. Have you subscribed to both HUGS and HOPE newsletters? If not, send blank emails to HugsAndHopeNews-subscribe@yahoogroups.com AND HugsAndHopeParent-subscribe@yahoogroups.com.
- () 5. Mark your calendar on the last day of every month so you will remember to email us a BRIEF update on your child's health (1-2 sentences). In the subject line, type "Official Update, then child's first and last name. In the body of the email, type:

Child's full name

Date of birth

Diagnosis

Web site URL

Names and birth dates of siblings

Interests and hobbies

Mailing address

Then type 1-2 sentences about your child's progress

(We post all this information in our newsletter so people can send mail each month)

Send these monthly updates to EILEEN at HugsAndHopeParent-owner@yahoo.com and Budweeks2@aol.com (please use both email addresses, in case messages to one do not go through). Request a return receipt so you know we received your update, because if we do not receive monthly updates, children are removed from our site.