

# CANDLELIGHTERS, NYC MEMBERSHIP APPLICATION

## CHILD INFORMATION

Child's Full Name:		Today's Date :	
Date of birth:	Nickname:		
Type of Cancer:	Hospital:		
Date of Diagnosis:	Child's Website:		
Status of Treatment:    Diagnosis ___    Remission ___    Relapse ___    Maintenance ___    Check-up/Follow Up ___			
Any Other Relevant Health Information:			

## FAMILY/PARENT INFORMATION

Name(s):		Relationship with Child:	
Home address:		Email address:	
City:	State:	Zip Code:	Country:
Home Phone:		Mobile phone:	

## EMERGENCY CONTACT INFORMATION

Name:		Relationship:	
Home phone:	Work phone:	Mobile phone:	

## SIBLING INFORMATION

Name:		Name:	
Gender:	Age:	Gender:	Age:
Name:		Name:	
Gender:	Age:	Gender:	Age:

## TEMPORARY HOUSING WHILE IN NY (IF APPLICABLE)

Name:			
Address:			Fax:
City:	State:	ZIP Code:	
Phone:	Length of time here:		

## HOW DID YOU HEAR ABOUT CANDLELIGHTERS?

--



**Candlelighters**  
Childhood Cancer Foundation

*because kids can't fight cancer alone!*



## Photo Release

*To whom it may concern:*

\_\_\_\_\_ I authorize Candlelighters, NYC to use photographs of my child/children from this event on their web site, in its quarterly newsletter and on posters/brochures.

\_\_\_\_\_ I DO NOT authorize Candlelighters, NYC to use photos of my child/children from this event on their web site, in its quarterly newsletter or on posters/brochures.

Additional notes: \_\_\_\_\_

\_\_\_\_\_

The nature of this disclosure has been described to me. I understand that photos or video from this event may be published or broadcast.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (parent or guardian please sign for minors)

\_\_\_\_\_

Print name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone number

\_\_\_\_\_

E-mail address