



Children's Cancer House For The Arts
P.O. Box 233
Thiensville, WI 53092
(h) 414-540-2333
(f) 414-540-9333
www.childrenscancerhouse.org

MIRACLE WEEK APPLICATION FORM

Miracle is a free, all expenses-paid magical week for children and their families, intended to encourage and renew hope, one cell at a time.

Dear Parents/Guardians and Applicant:

We are delighted in your interest in attending *Miracle* at Children's Cancer House for the Arts. Please complete this application form completely for consideration.

Child Applicant's Name: _____
(Last) (First) (Middle)

Gender: Male Female

Child's Date of Birth: _____ Nickname (if any): _____

Parent's/Guardian's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Marital Status: _____

Relationship to Child: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
(Home) (Work) (Mobile)

Email: _____

If your child would like to develop a potential gift or passion for the arts, please describe the area and what, if anything, the child or a mentor has accomplished to achieve the child's passion?

If your child has any artistic abilities, please submit samples of his or her creativity via internet links to images or video, written works or scanned artwork to www.childrenscancerhouse.org and additionally, please email them to children@childrenscancerhouse.org. Please include the name of your child, address and contact information in the body of the email. Check here when completed:

Creative Works:

- Uploaded to www.childrenscancerhouse.org
- Emailed to children@childrenscancerhouse.org

If the child wishes to write to us in his or her own words, please write it here or scan and send to applicant@childrenscancerhouse.org. Please include the name of your child, address and contact information in the body of the email.

Child Essay:

- Emailed to children@childrenscancerhouse.org

Please upload a recent picture of your child and of your family if you desire at www.childrenscancerhouse.org (please upload no more than two pictures) or email them to children@childrenscancerhouse.org.

Child/Family Photo:

- Uploaded to www.childrenscancerhouse.org
- Emailed to children@childrenscancerhouse.org

What three things inspire your child and why?

What individual inspires or impacts your child the most? This could be a family member, mentor or anyone.

Who are the top (3) celebrities or public figures that inspire your child?

What is your child passionate about? What does he or she want to be when he or she “grows up”?

What has been the highlight of your child’s life so far? Please be specific.

What has been the lowest moment in your child’s life so far? Please be specific.

As a parent or guardian, tell us your story briefly and what caring for this child has meant to you.

Can your child communicate verbally or non-verbally?

Do you or your child speak a foreign language? If so, which language(s)?

What is your child's favorite food?

What are three of your child's favorite movies?

If applicable, what toys or books really excite your child?

Does your child attend school? If so, please supply the name of the school and grade.

In general, how is your child achieving academically, developmentally and socially?

Can your child and attending family members comfortably walk a distance of a half mile or will you need assistance?

Do you and your child enjoy exploring the outdoors and discovering animals, insects, plants, and things found in nature?

Do you or your child have any environmental or food allergies that we should be aware of?

I am enclosing two (2) signed letters of recommendation from my child's attending physician and one other caretaker or informed individual who is not myself, family member or legal guardian. The letters are on the letterhead of the individuals and provide their general contact information.

Consents, Waivers and Signature

Applicant

I hereby certify that the information in this application is correct to the best of my knowledge. I hereby authorize agents of the Children's Cancer House for the Arts to check with the appropriate authorities regarding my child's background and history which is in the best interest and protection of the child. I understand that should my child be offered a scholarship to Miracle, any misrepresentation by me may unfortunately lead to termination. I also understand that my child's

attendance may be terminated with or without cause at anytime by CCH. If accepted, my child and attending family members agree to abide by the rules and regulations set forth by CCH which you will receive in writing upon the acceptance. I understand that CCH would love to fulfill every child and grant their wish to come to this camp but by completing this application process does not guarantee acceptance as guests of Miracle. I understand that CCH will do everything it can to accept as many children as possible but must take funding, programming and all things into consideration. I consent to be contacted, filmed and photographed at no future charge to CCH for any and all Children's Cancer House For The Arts events, promotional materials, productions, activities, website and documentaries. I understand that CCH will use these materials widely across a vast number of media streams for funding and sponsorship of its organization so that it can raise enough funds to assist some families with medical expenses, give scholarships and give more children opportunities to attend this all expenses paid event in the future. By initialing below I agree to release any and all rights to any such media materials that CCH may develop to this end with me or my child's voice or likeness. If agreeable all requested attendees please initial below.

Child Applicant _____

Legal Guardian #1 _____

Legal Guardian #2 _____

Sibling _____

(OFFICE USE ONLY)

Date Received: _____

Creative Works:

Essay:

Photo(s):

Letters of Recommendation:

Further Action: _____

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