

FAMILY APPLICATION

(Please type or print in black ink)

PATIENT FULL NAME: _____
(Legal Name) Last First Middle

PATIENT DATE OF BIRTH: _____

CURRENT AGE: _____ **GENDER:**
 Male Female

PATIENT HOME ADDRESS:

Street

Apt./P.O. Box

City

State Zipcode

PATIENT DIAGNOSIS:

Type of Cancer: _____
 Treatment Facility/Hospital:
 CHOC CHLA LLUCH City of Hope
 Other: _____
 Age at Diagnosis: _____

HOME PHONE NUMBER: _____
Include Area Code

PARENT/GUARDIAN INFORMATION:

MOTHER'S FULL NAME: _____
MOTHER'S EMAIL: _____
MOTHER'S CELL PHONE #: _____

FATHER'S FULL NAME: _____
FATHER'S EMAIL: _____
FATHER'S CELL PHONE #: _____

PRIMARY CONTACT: Mother Father Other: _____

SIBLING INFORMATION:

FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FULL NAME: _____	BIRTHDATE: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

PLEASE ADD ME TO THE JUNIOR FOUNDATION CHARITIES FAMILY MAILING LIST

Yes No

YOU HAVE AUTHORIZATION TO USE PICTURES OF MY CHILD

Yes No

I AM AVAILABLE TO RECEIVE TICKETS FOR SPORTING & OTHER EVENTS WITH SHORT NOTICES Yes No

SIGNATURE: _____ DATE: _____

ETHNICITY & RACE:
(Optional— for statistical purposes)
Select One
 Hispanic or Latino
 Not-Hispanic or Latino
Select all that Apply
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other

Junior Foundation Charities does not engage in discrimination against any person on the basis of race, color, natural origin, religion, sex, ancestry, or sexual orientation. Junior Foundation Charities maintains confidentiality on all patient and family information.

