

A Night To Remember

Referral Form

Date of referral: _____	How did you hear about us? _____
-------------------------	----------------------------------

Recipient's Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian/Caregiver's Name: _____

Phone Number: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

This child:

Is in Foster Care Has special needs Is in Foster Care and has special needs

Professional Information

Professional making referral: _____

Email Address: _____

Phone Number: _____ Office Phone Cell Phone

Business Address: _____

City: _____ State: _____ Zip Code: _____

You are a:

Foster Care Worker Guardian Ad Litem Early Interventionist

Family Connection Healthcare Provider School Employee

Your title/position: _____

Wish Request

What type of wish are you requesting for this child:

- School Related Activity (field trip assistance, extracurricular activity assistance, etc.)
- Recreational Sports League
- Birthday Party
- Community Activity (dance class, swimming lessons, karate class, music class, etc.)
- Special Event (prom, pageant, etc)
- Other:

Briefly describe what you would like for us to provide for this wish:

Would this family be able to provide any part of this wish for the child without our assistance?

Yes No

If yes, to what extent are they able to contribute? (This will not necessarily make them ineligible for our assistance.)

If the child has special needs please give us any pertinent information about the diagnosis that would need to be considered in the planning process (sensory sensitivity, physical impairments, etc).

Date wish is requested for or deadline for registration:
