



Providing Strength & Support for those Living with Cancer

Child Member Application

Rev. 4/2016

Please submit or mail completed application to:

Wellness House of Annapolis
2625 Mas Que Farm Road, Annapolis, MD 21403
410-990-0941
www.annapoliswellnesshouse.org

Name of child participant: _____

Age and DOB: _____

Grade and Name of School: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip _____

Email: _____

Home Phone: _____

Work and/or cell: _____

Emergency contact: _____

Phone: _____ Relationship: _____

Name of Cancer Patient and Relationship (i.e., self, parent, sibling, grandparent):

Type of cancer and stage: _____

Date of Diagnosis (mm/dd/yyyy): _____

Current Treatment and/or History: _____

What has your child been told about the cancer diagnosis? What was your child's reaction?

Since diagnosis, has your child exhibited any social, emotional, and/or behavioral changes at home or in school? _____

Has your child had any counseling about the cancer diagnosis and/or other social, emotional, or behavioral concerns? (i.e., private therapy, school-based counseling):

Does your child have any allergies or medical problems? _____

Is your child currently prescribed medication? _____

Does your child have any physical limitations and/or any special needs? (I.e. uses a wheelchair, vision or hearing impairment, learning disability, hyperactivity, short attention span, etc.): _____

Does your child have epilepsy or a history of seizures? Please explain: _____

Any other information you think we should know about your child and/or family situation: _____

How did you hear about Wellness House? _____

I give permission for my child to participate in the following Wellness House programs:

- Kidz Coping** -Monthly support group for ages 6-12 who have loved ones dealing with cancer
- Teens Together** - Monthly support group for ages 13-17 who have loved ones dealing with cancer
- Follow Your Rainbow** – Monthly Saturday program for ages 6-12 to have fun and be with other children experiencing cancer in their families (Sept-May)
- Paint Your Rainbow** – Week-long summer camp for ages 6-12 who are experiencing cancer in their families (June/July)
- Other** _____

Release Statement: *In consideration of the participation of my child/youth in the programs at Wellness House of Annapolis, I hereby release Wellness House of Annapolis, its directors, officers, agents, servants, employees and volunteers of all claims, demands, causes of actions or judgments which my child/youth or the undersigned, as parent(s) or guardian(s) of the child/youth, ever had or now has, or may have, against Wellness House of Annapolis, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the child/youth's participation in Wellness House of Annapolis programs. I give permission to Wellness House of Annapolis to release the child/youth's photograph to be used for promotion of Wellness House of Annapolis programs or to be used by the media for reporting about Wellness House of Annapolis programs or events.*

Parent/Guardian Signature: _____ Date: _____

Witness _____ Date: _____