



## Free Membership Form

Family Last Name \_\_\_\_\_ Parent/Guardian First Names \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child with Cancer \_\_\_\_\_ Male/Female \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_ Diagnosed Date \_\_\_\_\_

Cancer Type:

Bone  Brain/CNS (Central Nervous System)  Carcinoma  Germ Cell  Hepatic  Leukemia  
 Lymphoma  Renal  Retinoblastoma  SNS (Sympathetic Nervous System)  Soft Tissue  
\_\_\_\_\_ Other

Child's Special Interest \_\_\_\_\_

Start Treatment Date \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Hospital \_\_\_\_\_

Current Status:  On Treatment  Remission

	Siblings Name	Date of Birth	Male or Female
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____

I authorize my child's medical providers (Doernbecher, Legacy Emanuel, etc.) to disclose protected health information to Candlelighters, including hospitalizations and clinic appointments, as well as information pertaining to my child's medical condition.  
Signature of parent/guardian \_\_\_\_\_

Candlelighters membership is free to all children who have experienced cancer in their lifetime and their families. You will receive a bi-monthly newsletter with informative information and listing of events and activities, all free of charge to Candlelighters members. For further information about Candlelighters please visit our website at [www.4kidswithcancer.org](http://www.4kidswithcancer.org).