



Please Return to:
Magical Mix Kids
721 Shirley Street
Cedar Falls, IA 50613

Confidential Magical Mix Kids Application

Magical Mix Kids, formerly Jamie & Jim's Kids, is a non-profit organization, tax exempt under IRS 501 (c)(3), that was established in 1999 to take chronically ill and/or physically challenged children to Disney World. Applicants must be between the ages of 5 and 18, have chronic or terminal disease or be physically challenged, and prove financial need. Mother, father or guardian MUST fill out this application. Applications filled out by anyone else will not be accepted. Priority is given to children who have not been a recipient of a gift trip or have never been to Walt Disney World. Please have this application filled out and back to the return address by April 15th.

Person filling out this application:

Please initial here _____ to verify that you have read this disclaimer.

What date did you complete this application? _____

Has the child EVER been to Disney World or Disneyland? _____ Yes _____ No
If Yes, how old was the child at the time? _____

Are you or another guardian able to walk long distances? _____ Yes _____ No
(We ask that because we do a lot of walking around Disney World)

Name of child: _____

Address of child: _____

City/State/Zip Code: _____

Age of child: _____ Birthdate of child (month/day/year) _____

Name of person filling out this application: _____

Relationship to child: _____ Mother _____ Father _____ Guardian

Address of person filling out application: _____

What school does the child attend? _____

Who is his/her school nurse? _____

Home or cell phone number of person filling out application: _____

Work phone number of person filling out application: _____

With whom does the child currently reside? _____ Both Parents _____ Mother
_____ Father _____ Guardian
_____ Legal Guardian



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PART 2:

What is the child's medical condition? _____

Please provide a short description of the child's medical condition: _____

Name of child's primary doctor: _____

Phone number of primary doctor: _____

Name of hospital where the child receives care: _____

Names of other doctors, nurses, or childlife specialists who regularly see your child:

Name

Position

PART 3:

Name of mother's employer: _____

Medical Insurance: _____ Yes _____ No

Name of father's employer: _____

Medical Insurance: _____ Yes _____ No

Annual household income: (tax returns may be required to verify income) _____

Does your child have medical insurance? _____ Yes _____ No

If Yes, what is the name of the private insurance agency? _____

What is the name of the employer providing group health insurance? _____

Is the child covered by Medicaid? _____ Yes _____ No

Does the child receive disability payments? _____ Yes _____ No



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Please provide a short description of the medical treatment or attention your child is currently receiving:

What do you have to do to care for your child? _____

What travel restrictions does your child have? _____

Does your child require: _____ Wheelchair _____ Oxygen

If oxygen is needed, please explain: _____

PART 4:

Has your child ever visited Disney World? _____ Yes _____ No

Has your child ever visited Disneyland? _____ Yes _____ No

Any other amusement park? _____ Yes _____ No

Please list all family members who have visited Disney World or Disneyland: _____

Is your child on any other list for a trip to Disney World or anywhere else? _____ Yes _____ No

If yes, what list (organization) is your child on? _____

If so, how long has your child been listed? _____

Has your child ever received a trip from any organization? _____ Yes _____ No

If yes, what trip(s) has your child received? _____



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PART 5:

Please list all family members who live in the same household with the applicant.

Name	Relationship	Age/Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PART 6:

If your child is chosen for the trip, would you be able to attend an informational meeting about the trip?

_____ Yes _____ No

If Yes indicate any time or location preferences: _____

Have you received a trip to Disney World/Disneyland or an offer of a trip from any other organization?

_____ Yes _____ No

Would a trip to Disney World/Disneyland be possible for your child without the help of Magical Mix Kids?

_____ Yes _____ No

PART 7:

I certify that the foregoing information is correct and complete. I authorize Magical Mix Kids to investigate these statements and references and authorize the release of such information without liability.

Signature of Person Completing Application

Signature of Parent or Guardian

Printed Name of Person Completing Application

Printed Name of Parent or Guardian

Note: This application will be considered without regard to race, color, religion, national origin, sex, disability or marital status.



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Magical Mix Kids Application Addendum

Please print the full legal name, date of birth, and social security number of any adult who may travel to Walt Disney World with the Magical Mix Kids organization. This information will be kept confidential and will not be given out without express consent. Each person listed below will need to sign below as well. Please read the statement and sign to indicate agreement.

Table with 4 columns: Name (first, middle, last), Birthday (mm/dd/yyyy), Social Security Number, Relationship to child. Rows 1-4 for data entry.

5. Please list any others who may be making the trip with your family and the Magical Mix Kids organization. It is understood that these plans are preliminary and may change.

Two horizontal lines for listing additional family members.

I understand that the goal of the Magical Mix Kids organization is to provide a trip to Walt Disney World for chronically or terminally ill children and their families. In an endeavor of this nature, the safety of all children and adults accompanying the group is of paramount importance. I understand that all those traveling with the group will be required to behave in a manner consistent with the group's safety. As such, I authorize Magical Mix Kids and/or its agents to investigate any statement in this application, and to perform any background investigation and to speak or otherwise communicate with any person or persons who may provide information regarding myself or my minor children planning to go on this trip. Information discussed may include substance abuse or mental health history and/or HIV related or other health information or criminal history. I further understand that anyone considered for a trip may be declined the privilege if found to have provided false or misleading information of for any other reason other than that which is specifically prohibited by law.

Signature of all adults who may make the trip with Magical Mix Kids and date signed:

I have read and agree to the above statement:

Signature and Date Signed lines for 4 adults.

This year a copy of the applicant family's tax return is required. If unable to comply, please explain here.

Form for tax return status: A copy of my tax return is enclosed, I will forward a copy of my tax return by 5/1/07, or I am unable to forward a copy of my most recent tax return because: _____