

New family information

This confidential document will help Children's Cancer Connection provide your family with information about our programs.



Parents: _____

Address: _____

City, State and ZIP: _____

Home phone: _____

Cell phone: _____ mom

dad

Cell phone: _____ mom

dad

Email address: _____

Treatment facility:

(Please check)

Blank Children's Hospital

University of Iowa
Children's Hospital

Other: _____

Best way to contact you: Home phone Cell phone Email

Child's name: _____ Gender: M F

Diagnosis: _____ Diagnosis date: _____

Today's date: _____ Child's birth date: _____ Siblings: Yes No

Sibling name(s): (First, Last) _____ Gender: _____ Birth date: _____

Language primarily spoken in household: _____

Notes: _____

T-shirt sizes for: Parent(s): _____ Patient: _____ Sibling(s): _____

T-shirt sizes: Youth: 12m, 2, 3, 4, S, M, L Adult: S, M, L, XL, 2XL, 3XL

If you would like a second caregiver to receive our program mailings,
please email us at programs@ChildrenCancerConnection.org for another form.

Central Iowa
Hansen Home for Hope
2708 Grand Ave.
Des Moines, IA 50312

Eastern Iowa
401 10th Ave.
Ste. 305
Coralville, IA 52241

Cedar Valley
200 State St.
Ste. 202-R
Cedar Falls, IA 50613