



# A LINEMAN'S CHILD

Please use this form to register your child for the program. If you have multiple children that qualify, please submit **one form for each child**.

NSUJL's *A Linemen's Child* program is available to **minor children of permanently disabled and fallen IBEW lineworkers**. Children that qualify for this program will be sent *birthday gifts on their birthday* and, if requested, will be registered to *attend a camp that suits each child's individual needs* at no charge. Additional needs associated with this program, such as travel costs, will be evaluated on a case-by-case basis. Find more info about this program at **www.nsujl.org/a-linemans-child**.

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Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Gender:  Male  Female Child's School Grade: \_\_\_\_\_

Applying Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Disabled/Deceased Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Favorite Character: \_\_\_\_\_ Favorite Book: \_\_\_\_\_

Pants Size: \_\_\_\_\_ Favorite Movie: \_\_\_\_\_ Favorite Toy: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Favorite TV Show: \_\_\_\_\_ Favorite Game: \_\_\_\_\_

Favorite Color: \_\_\_\_\_ Favorite Music: \_\_\_\_\_ Favorite Brand: \_\_\_\_\_

Additional Likes: \_\_\_\_\_

\_\_\_\_\_

Dislikes: \_\_\_\_\_

Specific Gift Requests: \_\_\_\_\_

What type of camp would be appropriate for your child? \_\_\_\_\_

Day Camp  Sleepaway Camp  Weekend  One Week  Longer than One Week  Grief Camp

Is your child struggling to cope with the disability/loss of his/her parent? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

*I certify that I am the parent or legal guardian of this child and that I have read and agree to all terms regarding this program. By signing this document, I give my permission for my child to participate in this program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_