

Fax

Children's Certificate of Recognition Application Please complete a separate form for each child.

Please enter data in gray field and tab to proceed to next question.

| CHILD'S DATA | : | | |
|---|------------|--------|------|
| Name of Child: | First | Middle | Last |
| Age | | | |
| Gender | | | |
| PARENT/GUAR | RDIAN DATA | | |
| Name of Parent or Guardian at Home | | | |
| Street Address | | | |
| City, State and Zip Code | | | |
| EMPLOYEE DA | <u>ATA</u> | | |
| Name of Employ | ee: First | Last | |
| Email of Employ | ee | | |
| Post of Assignment | | | |
| Relationship to child | | | |
| <u>NEWSPAPER CONTACT INFORMATION</u> – if and only if you consent to having a press release sent to your hometown newspaper – filling out this part constitutes a release for information. Completely optional! | | | |
| Editor | | | |
| Street Address | | | |
| City, State and Zip Code | | | |
| Email Address | | | |