



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

Confidential Magical Mix Kids Application

Magical Mix Kids is a non-profit tax exempt 501(c)(3) organization, that offers an all-expense paid trip to Disney World for children with physical disabilities, terminal and chronic illnesses and their immediate families. The chosen families travel as a group on a five day trip to Disney World in Orlando, FL in late September or early October. All travel arrangements, hotel accommodations, park tickets and a meal plan are provided. The group is always accompanied by a physician, nurse, and chaperones from the Magical Mix Kids board of directors. Applicant children must meet the following criteria:

- Be between the ages of 5 and 18 at the time of the trip
- Have a chronic or terminal illness or be physically challenged
- Have proof of financial need
- Be physically able to travel
- Be accompanied by a parent/guardian physically able to travel and capable of walking long distances
- Must not be a previous Magical Mix Kids trip recipient.

Priority will be given to children who:

- have not received a trip from another wish-granting organization**
- have not been to Disney World/Disneyland**
- reside in the Cedar Valley**
(Counties of Black Hawk, Benton, Bremer, Buchanan, Butler, Fayette, Grundy, or Tama)

Attendance at two meetings is required for chosen families. First, a parent or guardian **must** attend an initial individual meeting with the Magical Mix Kids medical/travel team shortly after being chosen, to answer questions and confirm that the family is able to travel. Second, the family must attend the informational meeting/going away party held a few weeks before the trip.

This application must be submitted by the child’s mother, father or legal guardian. Applications submitted by other parties will not be considered, but others may assist the parent in the application process if necessary. If more than one child in the family has a qualifying medical condition, please submit a separate application for each child.

Please return to the address above by April 30; applications received on or after May 1 will be held for the following year’s trip. Families will be notified between May 15 and May 31 with a decision.

Date of application: _____

Child’s Full Name: _____ **Child’s Birth Date:** _____

Child lives with: Mother Father Guardian Other _____

Parent/Guardian #1

Parent/Guardian #2

Name _____

Relation to child: _____

Street address _____

Same _____

City, State, Zip _____

County _____

Home phone _____

Cell phone _____



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Work phone (if OK to use) _____

Email _____

Best day/time to contact you if your child is chosen for the trip? _____

Please tell us about your child's health condition that you feel qualifies him/her for this trip:

What medical treatment or attention is your child currently receiving? _____

What medical care and assistance does your child need routinely at home due to his/her health condition?

What travel restrictions does your child have?

Does your child require a wheelchair/adaptive stroller: No For long distances Always

Type: Manual Powered Collapsible Non-collapsible

Does your child require other assistive devices (nebulizer, feeding pump, insulin pump, etc): No Yes

If Yes, what type _____

Does your child require oxygen at home? No Yes Sometimes

Name of hospital(s) where the child receives care: _____

Please list the doctors, therapists and clinics that care for your child. We will not contact them without your written consent.



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Name	Specialty	Clinic Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

First parent/guardian's employer: _____

Do you have medical conditions that will be complicated by travel? Yes No

Do you receive disability payments for yourself? Yes No

:

Second parent/guardian's employer: _____

Do you have medical conditions that will be complicated by travel? Yes No

Do you receive disability payments for yourself? Yes No

Does your child have medical insurance? Medicaid Private _____ No

Does your child receive disability payments? Yes No

What school does the child attend? _____

Who is his school nurse? _____

Has your child EVER been to Disney World or Disneyland? Yes, at age ____ No

Has your child ever received a trip from another wish-granting organization? Yes No

If yes: Which organization? _____

Where was the trip? _____

When was the trip? _____

Have you applied to another wish-granting organization for any trip in the future? Yes No

If yes: Which organization? _____

When did you apply? _____

Annual household income: _____



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A copy of the applicant family's tax return is required.

- A copy of my tax return is enclosed
- I will forward a copy of my tax return by April 30.
- I am unable to forward a copy of my most recent tax return because: _____

Please list all family members included on the parent or guardian's tax return **AND** living in the same household with the applicant. **For adults ONLY**, please include Social Security Number **AND** signature, indicating that he/she has read and agreed to the following statement.

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.

Full Legal Name	Birthdate	Relationship to child	Signature (adults only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This information will be kept confidential and will not be given out without express consent.

Please list any others who may wish to jointly travel with your family on the trip (at their own cost).



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There is no guarantee that additional persons can be accommodated. Each adult travelling with the group will be required to provide a social security number and signature indicating that he/she has read and agreed to the statement above ONLY IF he/she ultimately travels with the group.

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 second Parent or Guardian

Printed Name of Person Completing Application

Printed Name of second Parent or Guardian

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