



**CHILD APPLICATION**

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last*

Parent/Guardian: \_\_\_\_\_  
*First Last*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Child Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Month/Day/Year*

Is the child in foster care?     Yes     No

If yes, date child entered your care: \_\_\_\_\_  
*Month/Day/Year*

Agency: \_\_\_\_\_

Contact Parent: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
*First Last*

Contact Email: \_\_\_\_\_

**FUNDS BEING REQUESTED**

Total Needed:    \$ \_\_\_\_\_ Funds Needed By: \_\_\_\_\_  
*Month/Day/Year*

Funds Needed for:     Educational     Sport     Art     Camp     Experience  
 Special Consideration \_\_\_\_\_

Provider/Vendor: \_\_\_\_\_

Program/Camp Name: \_\_\_\_\_

Please submit completed application with registration forms for the activity or experience requesting support. Also, please attach a brief statement explaining why or how the activity will benefit the child.

**Completed Children's Enrichment Fund (CEF) application and all attachments must be submitted to:**

**Mailing Address:** Rancho Damacitas, Attn: Kristi/CEF, 38950 Mesa Road, Temecula, CA 92592

**Email:** [Kristi@4Kidsfirst.org](mailto:Kristi@4Kidsfirst.org)

For more information call Kristi at (951)302-2317 ext. 238