



6271 Saint Augustine Rd.  
Jacksonville, FL 32217  
(904) 633-0750  
(904) 633-0751 fax

*Seasons of Hope Dinner*  
*December 13, 2024*  
*5:30 - 9:00 pm*

UNF Adam W. Herbert University Center  
12000 Alumni Dr. | Jacksonville, FL 32224

**APPLICATION FORM**

The UF Health Neurodevelopmental Pediatric Center wants every child to experience a pleasant and peaceful holiday season.

It is with this wish that Neurodevelopmental Pediatrics and the Walgreens Corporation announce the 19th annual *Seasons of Hope Dinner*. Families will be invited to join us for a special evening of holiday festivities. Dinner will be served along with activities and games for children and a visit from a very special guest.

**Eligibility:**

- Families must be a constituent at the UF Health, Neurodevelopmental Pediatric Center.
- Families must have children between the ages of 0-22 year's old living in the household.
- Family members attending must be living in the household of the applicant.
- Families must be able to provide their own transportation to and from the venue.
- This is a once in a life-time experience. Each family can only attend once.

Please complete all pages and sign the attached application. The parent/guardian with primary custody is the only person eligible to apply for the child. Space is limited.

**Applications must be returned no later than October 21, 2024**

UF Health Neurodevelopmental Pediatric Center

Attn: Alana Leath

6271 St. Augustine Rd, Ste. 1

Jacksonville, FL 32217

Fax to (904) 633-0817

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## APPLICATION FORM

### *Seasons of Hope Dinner 2024*

**Family Information:**

Name of Constituent (Patient): \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

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

\_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_

County of residence?  Duval  Clay  Baker  Nassau  Flagler  St. John's  Other \_\_\_\_\_

Email: \_\_\_\_\_ Day phone: \_\_\_\_\_

Number of people in your household: \_\_\_\_\_

Our goal is to make this evening as magical as possible for every child. Please provide information on each of your children, including what your child likes to play with. This will help us match children's interests to the best of our ability. Please do not request gift cards.

Child's Full Name	Age	Sex	Gift Suggestions (No gift cards, please)
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

**Please select 5 of the following, numbering them as 1 being the most desired, then 2, 3, 4, and 5:**

**Office use only:**

Date Rec'vd: \_\_\_\_\_ Number: \_\_\_\_\_ Active: Y/N Program: C/F/DP Initial: \_\_\_\_\_

TP: \_\_\_\_\_ TW: \_\_\_\_\_ TS: \_\_\_\_\_

Name of Child: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ (Example :) Bobby

Action Figures						
Barbie						
Baby Doll						3
Board Games						
Children Books						
Coloring Activities						5
Dress Up Clothing						
Hot Wheels						
Infant/ Toddler Toys						2
Play Food/Appliances						
Mr. Potato Head						
My Little Pony						1
Play-Doh						
Puzzles						
Building Blocks/LEGO						
Pretend tool sets						
Vehicles/Trains						4

**Please write a brief paragraph about your family and what participating in this event would mean to you.**

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TP: \_\_\_\_\_ TW: \_\_\_\_\_ TS: \_\_\_\_\_

