



Parent's Name(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Medications: \_\_\_\_\_

Location (Mailing Address): \_\_\_\_\_

Siblings (Names/Ages): \_\_\_\_\_

Contact Info (Phone/Cell/Email): \_\_\_\_\_

Comments:

How did you find out about FCM and why did you contact us?

Would you like to be on the newsletter mailing list?

Are you interested in our Google Chat Group?

Have you sent in a Wish for your child through our Wish Upon a Star program?

Do you plan on attending We Are Not Alone – the 4<sup>th</sup> Microcephaly, Lissencephaly & PMG Convention?

Do you want your information to be available in the Operation Star Connect Database to be connected with other families? If yes, do you want your info shared automatically or would you like FCM to contact you prior to giving it to another family?

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Little Help...BIG Difference • [www.microcephaly.org](http://www.microcephaly.org)

21620 N. 26<sup>th</sup> Ave, Suite 140 ▪ Phoenix, AZ 85027  
Office: 623-476-7494 ▪ Email: [help@childrenwithmicro.org](mailto:help@childrenwithmicro.org)



We also welcome you to send a picture of your child.

If you are attaching a picture:

1. Would you like your child's picture posted on our website?
2. Would you like your child's picture shared with other families?

Questions, Comments or Concerns?

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\*\*\* We never share contact information with anyone other than our families! \*\*\*

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