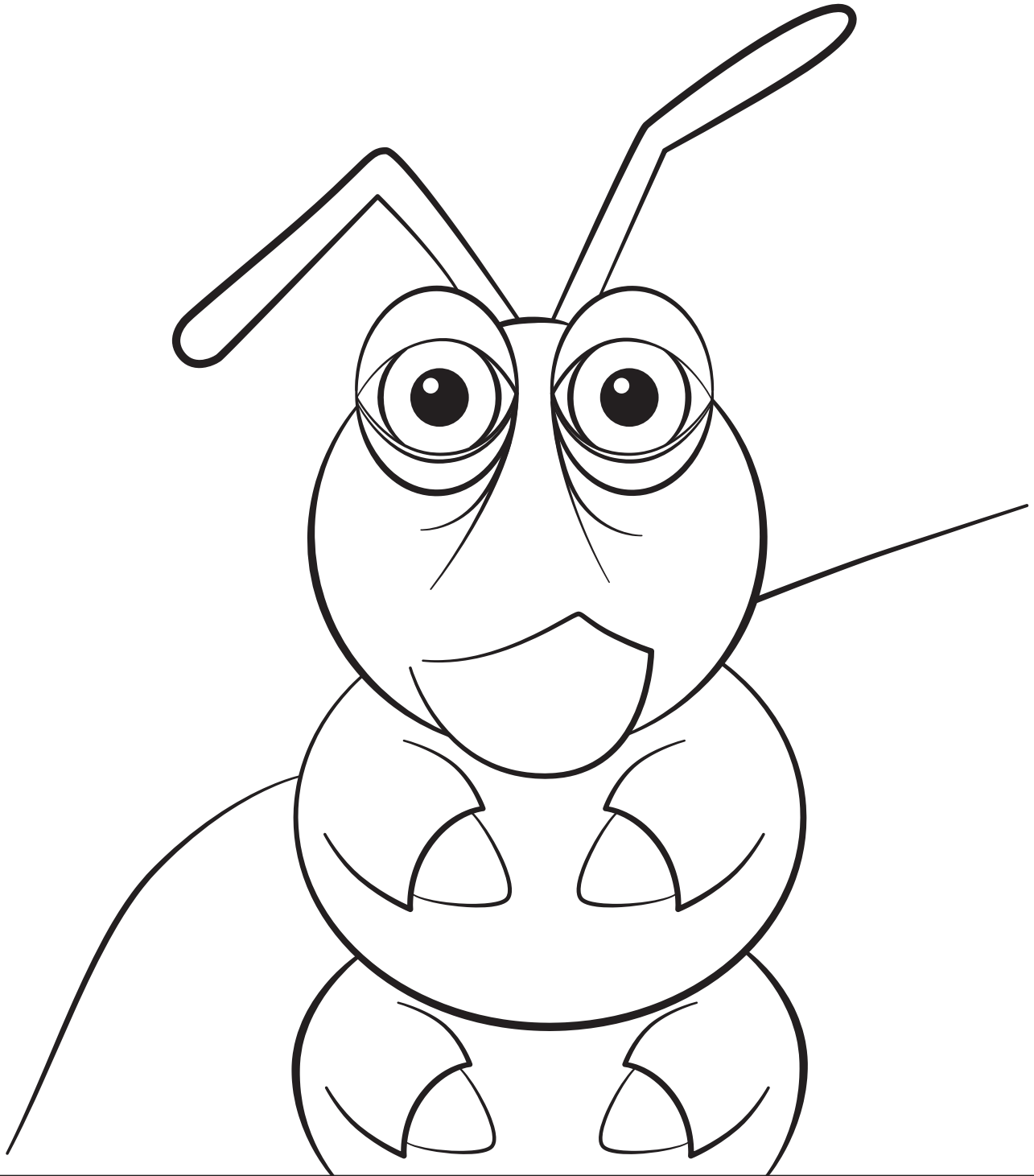


# NILE IN Denial



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

Parent or Guardian's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

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