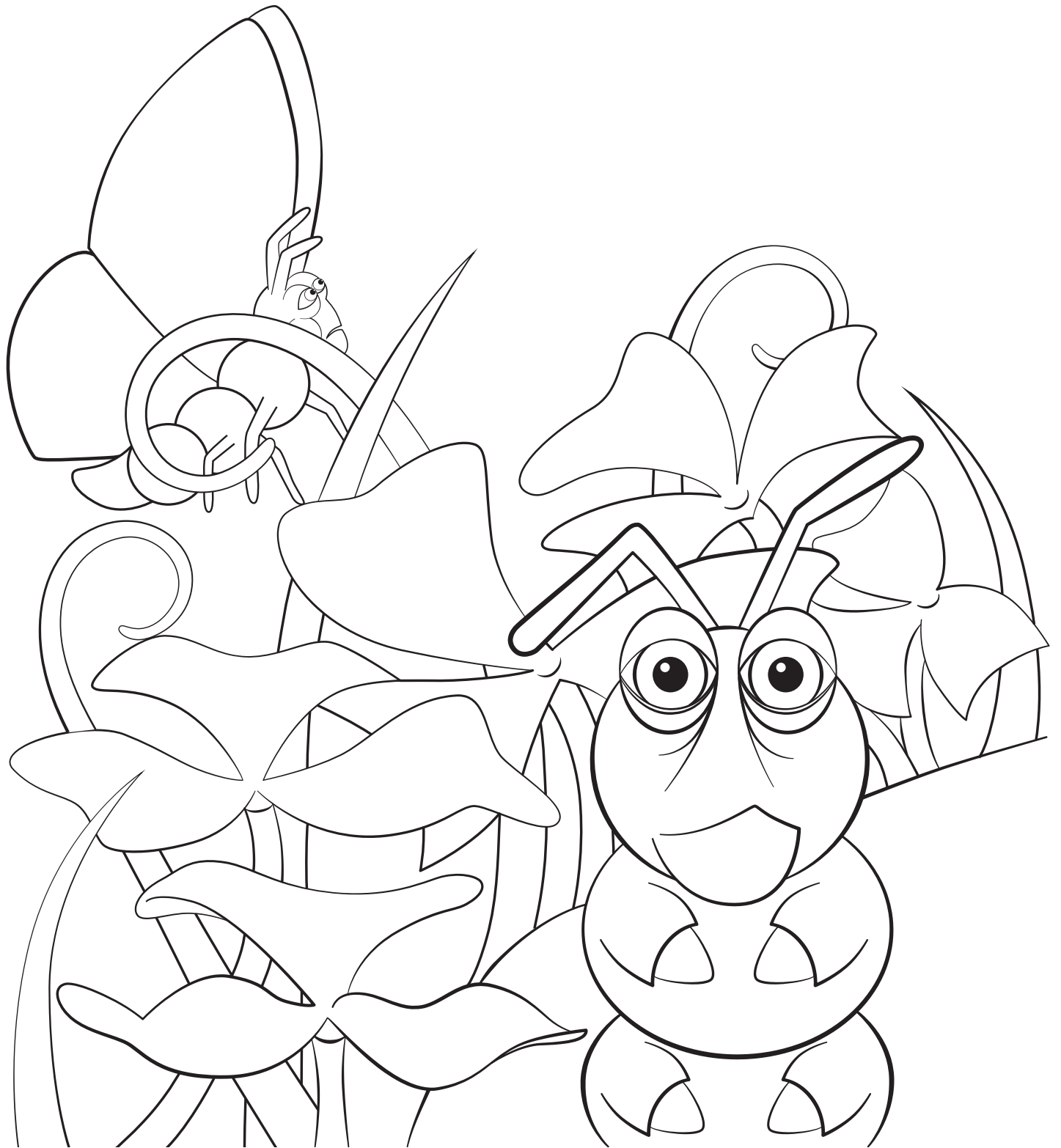


NILE IN Denial



Child's Name _____

Parent or Guardian's Name _____

Child's Age _____

Contact Phone Number _____

Contact Email _____