



Application for Enrollment

Child's Information

Name: _____

Date of Birth: _____

Diagnosed Disability: _____

Gender: _____

Parent / Legal Guardian's Contact Information

Name: _____

Email: _____

Phone (optional): _____

Address (optional): _____

THIS IS NOT AN EVENT REGISTRATION FORM

**Please return to Variety – The Children's Charity
Fax: (610) 584-5586 - OR - Mail: PO Box 609, Worcester, PA 19490**