



Application for Enrollment

Child's Information

Name: _____

Date of Birth: _____

Diagnosed Disability: _____

Gender: _____

Parent / Legal Guardian's Contact Information

Name: _____

Relationship: Mother Father Guardian Case Worker
(Please Circle One)

Email: _____

Phone: _____

Address: _____

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