



Application for Enrollment

Child's Information

Name: _____

Date of Birth: _____

Diagnosed Disability: _____

Gender: _____

How did you hear about us? _____

Parent/Legal Guardian Contact Info

Name: _____

Relationship: Mother Father Guardian Case Worker
(Circle One)

Email: _____

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