

Please complete and return to: Operations@varietyphila.org

Or mail to: Variety-the Children's Charity// 2950 Potshop Rd. // Worcester, PA 19490

Program Information Application

Information for Child:

Name: _____ **Date of Birth:** _____

Gender: _____ **School District:** _____

Mailing Address: _____

Diagnosed Disability: _____

Race/Ethnicity: African-American American Indian/Alaskan Asian Caucasian

Multi-racial Native Hawaiian/Pacific Islander

Hispanic/Latino Origin? Yes No

Is your child eligible for the federal free and reduced lunch program at the school they attend? Yes No

Does your child currently participate in other programs outside of Variety? Yes No

If so, in what program(s) does your child participate? _____

I also utilize the services of (please circle those that apply): ODP OVR

In which Variety programs are you interested? (Circle all that apply)

School Year Programs Summer Programs Variety Works Programs

Parent/Guardian Information:

Name: _____ **Phone:** _____

Relationship to child: Mother Father Guardian Case Worker

Email: _____

Mailing Address (if different from above): _____

How did you hear about us? _____