



ANGELZ FUNTIME

(Party, Play and Learn)

Enrollment Form

Name: _____

Birthday: _____ Age: _____ Sex: _____

Address: _____

Guardian's name: _____ Relation to child: _____

Home number: _____ Cell phone number: _____

Emergency contact person: _____ Relation to child: _____

Home number: _____ Cell phone number: _____

Address: _____

Allergy/ies: _____

Special needs: _____

Reasons for dropping: _____

Pick up Information: *Child will only be released to the person/s listed below.*

Name of person: _____

Relation to child: _____

Name of Person: _____

Relation to child: _____

Date and time: _____

Date and time: _____

Drop off signature

Pick-up signature