



ANGELZ FUNTIME

(Party, Play and Learn)

Enrollment Form

Name: _____

Birthday: _____ Age: _____ Sex: _____

Allergy/ies: _____

Special needs: _____

Name: _____

Birthday: _____ Age: _____ Sex: _____

Allergy/ies: _____

Special needs: _____

Name: _____

Birthday: _____ Age: _____ Sex: _____

Allergy/ies: _____

Special needs: _____

Name: _____

Birthday: _____ Age: _____ Sex: _____

Allergy/ies: _____

Special needs: _____



Address: _____

Guardian's name: _____ Relation to children: _____

Home number: _____ Cell phone number: _____

Emergency contact person: _____ Relation to children: _____

Home number: _____ Cell phone number: _____

Address: _____

Reasons for dropping: _____

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

Name of person: _____

Relation to children: _____

Name of Person: _____

Relation to children: _____

Date and time: _____

Date and time: _____

Drop off signature

Pick-up signature