



# ENROLLMENT FORM

Date \_\_\_\_\_

Staff Initial \_\_\_\_\_

<b>PRIMARY ADULT 00</b>	Title	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)	
							<input type="checkbox"/> Female	/
Home Address			P.O./Apt. #	Zip	City/State	Home Phone		
Business Name			Business Address			Business Phone		
Business Email Address			Personal Email Address			Cell Phone		
Emergency Contact Name (Other than Household)			Emergency Contact Phone #			Emergency Contact Relationship		

**Race (check one)**  Caucasian  Hispanic  African American  Asian  Native American  Other  
**Household Income (check one)**  0-30k  30-50k  50-75k  75-100k  100k+   
**Willing to volunteer?**  yes  no  
**In what capacity?**  Special Events  Committee  Clerical  Fundraising

**I will pledge \$ \_\_\_\_\_ to the Annual Support Campaign that assists needy children and families.**

<b>OTHER ADULT 01</b>	Title	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)	
							<input type="checkbox"/> Female	/
Business Name			Business Address			P.O./Apt. #	Zip	City / State
Business Phone			Business Email			Personal Email Address		Cell Phone

<b>CHILD 02</b>	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)		Grade
							<input type="checkbox"/> Female	/
<b>CHILD 03</b>	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)		Grade
							<input type="checkbox"/> Female	/
<b>CHILD 04</b>	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)		Grade
							<input type="checkbox"/> Female	/
<b>CHILD 05</b>	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)		Grade
							<input type="checkbox"/> Female	/
<b>CHILD 06</b>	First Name	MI	Last Name	Suffix	<input type="checkbox"/> Male	Birthdate (mm/dd/year)		Grade
							<input type="checkbox"/> Female	/

