



kids HELPing kids

APPLICATION

PLEASE FILL OUT COMPLETELY:		
NAME:		
(Last)	(First)	(MI)
ADDRESS:		
(City)	(State)	(Zip)
PHONE:	ALTERNATE PHONE:	
EMAIL:		

Child's Name:		
Child's Birthdate:		
mm/dd/yyyy		
Circle One:	Art Program	Music Program Sports
Program Name:		
Program Location:		
Program Phone:	Program Cost:	
Has this child participated in the above program before? Circle one Yes No		
How long?		

