



Rab Rab's Birthday Club Membership Form

OFFICE USE ONLY	
Date Received:	_____
Scheduled Date/Time 1:	_____
Scheduled Date/Time 2:	_____
Scheduled Date/Time 3:	_____
3 missed appointments = family membership dismissal	
Tally of Missed Appts:	_____
Renewal Date every 3 yrs:	_____
Single Parents Only!	Case #: _____

Child's Name: _____ Age: _____ M/F: _____ Birth Date: _____

**Parent's Full Name: _____ Parent's Birth Date: _____

Street Address: _____ Contact Phone: _____

City, State, Zip _____ Parent's Cell: _____

Grade: _____ School: _____ Parent's Email: _____

Questionnaire of Child Applying for:

<p>**Client must call 2 weeks prior to the birthday and schedule appointment. Client will need to bring a photo ID and child to the appointment. The appointment cannot be scheduled AFTER the birthday.</p>	
Shirt Size: _____ Short Size: _____ Pants Waist/Inseam: _____ Dress Size: _____ Coat Size: _____ Girl's Hair Color: _____ Shoe size: _____ Would your child appreciate dressy clothing or just school clothing? _____	Child's Hobby's or Free Time: _____ Child's Sports (at school): _____ Child's Dream of Being: _____ Favorite Color (light, dark, "name"): _____ Favorite Board/Card Games they don't have: _____ Favorite Animal(s): _____ State what *Gaming Systems Child has: _____ <small>*Note: We do not have gaming electronics. May have games or components.</small> Cake – Chocolate or Vanilla: _____ Please state some gift ideas (Approx. \$20 value): _____ _____

Parent/Guardian Release & Signature

Due to time restraints and tasks to gather then restock gift items, packaging and cake, we will only accept three (3) missed appointment times per family upon which we will have to remove you and your family from any future birthday memberships. Depending on circumstances and proof of unavoidable absence(s), we have the right to accept or deny set gift occasion and gift.

I, (PRINT your full name) _____, am made aware that The Bethel Foundation is a non-profit organization **designed to help single parents** by providing birthday gifts to their child(ren). I am obligated to call if appointment time set cannot be met or if late. By signing below, I acknowledge that I understand and will uphold Membership guidelines to the best of my ability.

Name of Parent or Guardian (Please Print): _____ Date: _____

Signature of Parent/Guardian: _____ Bethel Foundation Witness: _____