



OFFICE USE ONLY	
Date Received:	_____
All Docs Submitted:	_____
Scheduled Date/Time	_____
Scheduled Date/Time:	_____
Scheduled Date/Time:	_____
Up to 3 years or 3 misses = unqualified	
Tally of Missed Appts:	_____
Date to Renew:	_____

Rab Rab's Birthday Club Membership Form

Child's Name: _____ **Age:** ____ **M/F:** ____ **Birth Date:** _____
Address: _____ **Home Phone:** _____
 _____ **Parent's Cell:** _____
Grade: _____ **School:** _____ **Parent's Email:** _____
Name of Parent Child Lives With: _____ **Parent's Birth date:** _____

Questionnaire of Child Applying for:

Client must call 2 weeks prior to the birthday to schedule appointment. Client will need to bring a photo ID and child to the appointment. The appointment cannot be scheduled AFTER the birthday.	
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, please give description): _____ Favorite Board/Card Games: _____ Favorite Animal(s): _____ State what *Gaming Systems Child has: _____ <small>*Note: We do not have gaming electronics. May have games.</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: _____