



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 Apts:	_____
Date to Renew:	_____

Rab Rab's Birthday Club Membership Form

Parent's Name Child Lives With: _____ **Parent's Birth date:** _____

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

Address: _____ Home Phone: _____

_____ Parent's Cell: _____

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

Questionnaire of Child Applying for:

<p>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.</p>	
<p>Shirt Size: _____</p> <p>Short Size: _____</p> <p>Pants Waist/Inseam: _____</p> <p>Dress Size: _____</p> <p>Coat Size: _____</p> <p>Girl's Hair Color: _____</p> <p>Shoe size: _____</p> <p>Would your child appreciate dressy clothing or just school clothing? _____</p>	<p>Child's Hobby's or Free Time: _____</p> <p>Child's Sports (at school): _____</p> <p>Child's Dream of Being: _____</p> <p>Favorite Color (light, dark, please give description): _____</p> <p>Favorite Board/Card Games: _____</p> <p>Favorite Animal(s): _____</p> <p>State what *Gaming Systems Child has: _____ <small>*Note: We do not have gaming electronics. May have games.</small></p> <p>Cake – Chocolate or Vanilla: _____</p> <p>Please state some gift ideas (Approx. \$20 value): _____ _____</p>

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: _____