



**Event Enrollment Form**

**Event:** Santa's Helpers

**Hours of Event:** 12pm to 4pm

**Date:** 12/15/2018

Child(s) name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child(s) name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information:**

Does your child have any known health problems? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, describe: \_\_\_\_\_

Does your child suffer from allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, list allergies: \_\_\_\_\_

**Name of the individual picking child up:** \_\_\_\_\_

**Please leave the following blank. Staff use only. We will check driver's licenses.**

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\_\_\_\_\_  
Signature

of Parent/Guardian picking up

*Disclaimer: We are excited to be able to provide this service to the families in our community! However, we do want to be as transparent as possible and inform you that while skilled Registered Behavior Technicians will be playing with and supervising your children, no ABA therapy will be provided.*