



Angelic Pearls of Atlanta Application for Enrollment

Participant's Full Name _____

Date of Birth _____ **Age** _____ **Sex** _____

School Attending _____ **Grade Level** _____

Favorite Subject _____

Participant's Hobbies _____

Favorite Food(s) _____

When I grow up, I aspire to be _____

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Parents Information

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Point of Contact Email
Address _____

Secondary Email
Address _____

Participant Medical Information

Participant
Allergies _____

Medications
Prescribed/Taking _____



Emergency Contact _____
Phone _____

Relationship to Participant _____

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******* Application Fees & Methods of Payment*******

When making payment, include in header: Application fee for "Participant Name"

**Application fees- \$40.00 USD
Methods of Payment**

**Cash App: \$Angelicpearlsfatl
PayPal: Angelicpearls22**

Thank you for choosing Angelic Pearls of Atlanta LLC