



ANGELS OF HUMANITY ENROLMENT FORM



Enroll your child/children today with us for creating a better world for them, through them, through you, for all of you and us:

Name of the Child*	
DOB of the Child	
Gender*(Boy/Girl)	
Class*	
School he / she Attends	
Father's Name / Mother's Name : *	
Contact Person Email Id : *	
Contact Address	
Country	
State	
City	
Contact Number*	
Anything Special (Which you as Parent / Guardian would like to highlight about your Child)	