



Zoom Zoom Room Enrollment Form

Student Information

First Name _____

Last Name _____

D.O.B _____ Grade _____

School
Name

Weekly Schedule _____ Check One: M - T M - F Other _____ Time: _____ am - _____ pm

Parent/Guardian Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email

Address

OFFICE USE ONLY

Disc Code:

Membership
fee:

Elementary:
\$75.00

Middle/High:
\$50.00

Detroit GuardiAngels Zoom Zoom Room
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