



The Friendship Circle  
 472 High Rock Street  
 Needham, MA 02492  
 781-455-9096  
 friends@gis.net

"Friends Helping Friends"

## Child Application

Child Information
Name _____
English Birth Date ____/____/____ Hebrew Birth Date _____ Application Date ____/____/____
Address _____ City _____ Zip Code _____
Phone ( ) _____ School _____
Grade in the 2006-07 School Year _____ Age _____
Parents Contact Information
Mother's Name _____ Father's Name _____
Mother's Cell Phone _____ Father's Cell Phone _____
Mother's E-mail – please print _____ Father's E-mail – please print _____
Parent's Occupation(s) <i>(optional)</i> _____
Names and Birth Dates of Siblings (attach sheet if needed)
_____
_____
_____
Does your child occasionally exhibit any of the following behaviors?
<input type="checkbox"/> Biting <input type="checkbox"/> Cursing <input type="checkbox"/> Grabbing <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Hair <input type="checkbox"/> Other (specify) _____
_____
What is your best method of handling the situation? _____
_____
Give a brief description of your child _____
_____

Describe your child's communication skills \_\_\_\_\_

List your child's favorite activities \_\_\_\_\_

List your child's least favorite activities \_\_\_\_\_

What would you like your child to gain through The Friendship Circle program? \_\_\_\_\_

Other things you would like to tell us about your child (attach sheet if needed) \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact (other than parent)**

Name \_\_\_\_\_

Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please list any medical conditions that we should be aware of (attach sheet if needed)

\_\_\_\_\_

**Friends @ Home Program**

When would you like the volunteers to come and visit your home?

(1st Choice) Day \_\_\_\_\_ Time \_\_\_\_\_

(2nd Choice) Day \_\_\_\_\_ Time \_\_\_\_\_

**Parental Consent**

It is our pleasure to provide you with our Friends at Home service, however it is necessary for parents/guardian to assume responsibility to oversee activities shared together.

\_\_\_ I agree that a parent or legal guardian will be home at all times while volunteers are interacting with my child.

\_\_\_ I agree that my child's photos may be used for any and all Friendship Circle publicity purposes.

\_\_\_ I agree to release the Friendship Circle, its providers and administrators, from all liability for any incident which affects the health, welfare, or safety of our child during their participation in the Friendship Circle Program.

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

