



Circle of Friends Registration Form

40 King Street Norwalk, CT 06851 - 203-293-8837 – circlefriendsct@gmail.com

Child Information

Child's Name: _____ Hebrew name (if applicable) _____ Age _____

Birthday: ____/____/____ Time of Birth _____ AM PM

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

School name: _____ Grade: _____ School telephone: _____

Parent Information

Mother's Name: _____ Hebrew name: (if applicable) _____

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Father's Name: _____ Hebrew name (if applicable) _____

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Names and ages of siblings: 1 _____ 2 _____ 3 _____

MEDICAL AND EMERGENCY RELEASE

My son/daughter has my permission to attend the Circle of Friends events. I agree not to hold the Circle of Friends liable for any accident, loss or theft that may occur during the course of an event. I hereby give my permission to the physician selected by Circle of Friends to hospitalize and/or secure necessary treatment or anesthesia for my child, as named above in the event that I cannot be reached in an emergency. I hereby give my permission that paramedics can transport my child to the nearest hospital, if necessary. I have indicated any pertinent medical information below. I agree to the terms and conditions of this application. I am initialing below all that I am agreeing to by my signature below.

____ I hereby give my child permission to participate in all activities planned by Circle of Friends (unless stated below)

Restrictions: _____

____ I hereby give permission to administer medications (non emergency) to my child, upon my request as per written instructions

I permit my child's photo/video to be used for publicity purposes. YES NO

Parent/Guardian Signature _____ Date _____

Medical Information

Areas of Challenge/Diagnosis: _____

Give us a brief description of your child _____

Mode of Communication: Verbal Sign Written Computer Augmentive Other _____

Seizures: No Yes Type and frequency _____

Allergies: No Yes Type _____

What types of activities does he/she enjoy? _____

What activities would you like our volunteers to focus on? _____

Please list your child's least favorite activities _____

Is child completely toilet trained Yes No Any Pets in your home: _____

Behavior and Skills

Does your child use a behavior plan at school? Yes No (If yes, please attach)

When your child becomes agitated, upset, or frustrated- how does it appear? _____

How do you respond in this situation? _____

How do his teachers respond? _____

What does your child use to calm him/herself down? (Music, story, puzzle, bean bag chair, stress ball)

(Please be specific as this information is critical for our staff to successfully work with your child)

Most effective motivator/positive reinforcement: _____

Events/circumstances that trigger behavior issues: _____

Other Information regarding social/behavioral skills that we should be aware of _____

Describe any sensory issues your child may have _____

Does your child bite? Yes No