

## Your Child



### Circle of Friends

40 King Street Norwalk, CT 06851

203-293-8837 - circlefriendsct@gmail.com

Child's Name \_\_\_\_\_ Last \_\_\_\_\_

Hebrew name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Birth \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## Home With Friends

### Parent Information

Father's name \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's name \_\_\_\_\_ E-mail \_\_\_\_\_

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

(1st Choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_

(2nd Choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_

What does your child enjoy doing most? \_\_\_\_\_

Is there anything in particular your child does not like doing? \_\_\_\_\_

Is there anything we need to know about your child? \_\_\_\_\_

### Parental Consent - Respite Agreement

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

I, \_\_\_\_\_ release Circle of Friends, its providers and administrators,  
(Parent/Guardian)

from all liability for any incident which affects the health, welfare, or safety of \_\_\_\_\_  
in the provision of such service. (child's name)

I permit my child's photo to be used for publicity purposes.  Yes  No

Date \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_

**All of our programs are free of charge. However, we request a \$70 membership fee payable to The Circle of Friends.**