

THE FRIENDSHIP CIRCLE Program Year_____

FAMILY REGISTRATION

501 Vanderbilt Pkwy, Dix Hills, NY 11746 Office: 631 351-8672/Fax: 631 351-8687 www.thechaicenter.com/friendshipcircle friendshipcircle@thechaicenter.com

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All programs, events, clubs and activities are open to ALL regardless of religious affiliation or background.

CHILD'S INFORMATION				
First Name:	Current Services:			
Last Name:	Does your child have any type of allergies?			
Gender: M F Age: Date of Birth: / / Month Day Year Child lives with: Parents Mom Dad School Name: Grade: Child's Diagnosis:	Yes: Do you give permission for your child to part of the Friendship Circle? Yes No Do you allow your child's photo to be used by the Friendship Circle for publicity purposes? Yes No			
PARENT INFORMATION				
Mother/Guardian:	Father/Guardian:			
First Name: Last Name: Home Number: Cell Number: Work Number: E-mail: Occupation: Address: City: Zip:	First Name: Last Name: Home Number: Cell Number: Work Number: E-mail: Occupation: Address: City: Zip:			
Parents Marital Status:	Family Religion:			

Do any other family members have special needs?			
Does your family have any pets? If so, what?			
SIBLING INFORMATION			
Name:	Age:		
Name:	Age:		
Please help us get to know your child	better!		
1. What is your child's primary mode of communication? Uerbal – full sentences Uerbal – words Hand gestures Letter board Picture board Other:			
2. Does your child have any behaviors of concern?			
3. Is your child sensitive to Sound Touch Water Other:	If so, how does he/she react?		
4. Are there any specific behaviors your child has that we should be aware of? Shyness Wandering Tantrums Hiding Hair pulling Aggressiveness Biting Other:			
5. What activity are you interested in for your child during the Friends at Home?			
6. Is your child afraid of: Animals Sirens Heights Loud noises Water Other:			
MEDICAL AND EMERGENCY INFORMATION			
Medical Concerns/Diagnosis: Allergies:			
EMERGENCY CONTACT			
Name: Relationship t	to child:		
Home Phone: Cell Phone:			
FRIENDS @ HOME			

The Friends@Home program gives children the chance to get to know their volunteers in an environment that they are most comfortable in: their own homes. The volunteers generally visit for 1 hour weekly. Once we receive your form, our coordinator will find an appropriate match for your child. The time frame for finding a match depends on age, location, and flexibility. Keep in mind the more flexible you are, the easier it will be to find volunteers! Days and times that are good for you in order of preference Day: Time: Day: Time: If available, I would prefer to have a \square **Boy** \square **Girl** volunteer come to the house. What age volunteer would you prefer coming to your home: It is a pleasure to provide you with the Friends@Home service. However, it is necessary for the parents/guardians to assume responsibility to oversee and supervise activities shared together with your child. It is equally important to inform the Friendship Circle staff immediately with any concerns or issues that may occur. Please read the information below carefully and initial/sign your consent. Y N I agree that a parent/guardian will be at my home at all times while the Friendship Circle volunteers are interacting with my child; and such parent/guardian shall oversee and supervise all activities of my child and the volunteer. Y N I understand that this program does not provide tutoring, babysitting, therapeutic, referral, clinical, psychological, social or medical services. | Y | N I understand that my teen volunteers are NOT permitted to drive or take my child to a location outside my home. If I wish to meet my volunteer at a different location, I may do so only: A. With my volunteers consent B. If I provide transportation to and from the location C. If I remain with my child and volunteers throughout the duration of the F@H visit (If you are attending a Friendship Circle activity, you do not have to remain with your child and volunteer). By signing below, I release the Friendship Circle, its providers, administrators and volunteers from any and all liability, damages, injuries or claims to property or persons for any incident, occurrence, or accident which may occur and which affects or involves the health, welfare, or safety of my child during the course of the provision of such service by a Friendship Circle volunteer, staff member or administrator. Parent/Guardian Signature: Date:

Total amount due for programs: \$				
Check Enclosed (payable to Ariella's Friendship Circle)				
Charge my credit card for the full amount:				
☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover				
☐ I would like to discuss scholarship opportunity.				
Name (as it appears on card):		Expires: /		
CV Code :	Credit card #:			
Billing Address:	City:			