



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?  
 Verbal – full sentences  Verbal – 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 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  Boy  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: /

Credit card #:

CV Code :

Billing Address:

City: