



Friendship Circle Family Intake Form 2010/2011

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[It is the responsibility of the parent/guardian of the named applicant to inform the Friendship Circle of any changes to the information on this form]

Child Information

Child's First Name: _____ Last Name: _____ Hebrew Name: _____

Gender: M / F Grade: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip Code: _____

School name: _____ School telephone number: _____

Mother's Details: Title _____ First Name _____ Last Name _____

Home Phone _____ Work/Cell Phone _____ Email _____

Father's Details: Title _____ First Name _____ Last Name _____

Home Phone _____ Work/Cell Phone _____ Email _____

Marital Status of Parents: Married: _____ Separated: _____ Divorced – How long? _____

Custody/Visiting arrangements: _____

If child is adopted: Age at adoption: _____ Is child aware of adoption: _____

Stepfather-How long? _____ Stepmother-How long? _____

Medical and Emergency Information

Medical Concerns/Diagnosis: _____

Medications Taken Regularly: _____

Any activities that your child should not be participating in: _____

Date of last tetanus shot (if known): _____ Medicinal/Environmental/Pet Allergies: _____

Dietary Restrictions: _____ Vegetarian _____ Lactose Intolerant _____ Other / Food Allergies _____

I give permission to the Friendship Circle to dispense: _____ Tylenol _____ Aspirin, if necessary to my child.

Medical Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Relationship: _____

Home Phone _____ Office Phone _____ Person allowed to pick up child? Y N

Doctor's Name: _____ Doctor's Office Phone: _____ Hospital Affiliation: _____

PARENT MEDICAL AND EMERGENCY RELEASE

My son/daughter has my permission to attend Friendship Circle events. I agree not to hold Friendship Circle 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 the Friendship Circle 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 above. I agree to the terms and conditions of this application. Additionally, 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 Friendship Circle (unless stated above)

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

Parent/Guardian Signature _____ Date _____



General Information

Child's Name: _____ Telephone Number: _____

Is child completely toilet trained: Y N Any Pets in home: _____

Further explanation of Medical Concerns/Diagnosis (if necessary): _____

Please list any therapies that your child is currently receiving, where the therapy is taking place, telephone number and appropriate contact person: _____

Names and ages of siblings residing in home with child: _____

Give brief description of your child: _____

Describe your child's communication skills: _____

Please list your child's favorite activities: _____

Please list your child's least favorite activities: _____

What would you most like your child to gain by participating in Friendship Circle activities?

Miscellaneous Parental Release

Please initial the following, if applicable:

___ I hereby give permission to _____, Home Phone _____
Cell Phone _____ to pick up my child _____ from any Friendship
Circle activity.

___ I hereby give permission to _____, Home Phone _____
Cell Phone _____ to pick up my child _____ from any Friendship
Circle activity.

___ I hereby give permission for my child's photo to be put on the Friendship Circle website

___ I hereby give permission for my child's photo to be used for publicity purposes (i.e., brochures, newspaper)

Parent/Guardian Signature _____ Date _____



Child's Name: _____ Telephone Number: _____

How did you hear about our program? _____

What programs are you interested in registering your child in? (check all that apply)

- ___ Friends At Home
- ___ Jewish Holiday Programs

Friends At Home
 (Fill out if interested in this Program)

Dates and Times of convenience for volunteers to visit:

1st choice: Day of week _____ Time _____
 2nd choice: Day of week _____ Time _____
 3rd choice: Day of week _____ Time _____
 Times per week you would like to receive Friends At Home: _____

Parental Liability Release for Friends At Home

I, _____ agree that a parent/guardian will be home while volunteers are interacting with my child. I release the Friendship Circle, its providers and administrators, from all liability for any incident which affects the health, welfare, or safety of my child, _____, in the provision of such service.

Parent/Guardian Signature _____ Date _____

Parental Waiver for All Non-Drop-Off Friendship Circle Programs

I, _____ agree that a parent/guardian will accompany my child, _____, or at least remain on the premises the entire duration of any and all non-drop-off programs of which my child will be participating in. I further agree that I will take full responsibility for toileting my child during these programs. I release the Friendship Circle, its providers and administrators, from all liability for any incident which affects the health, welfare, or safety of my child during these programs.

Parent/Guardian Signature _____ Date _____

Programs Just for Parents

Are you interested in coming to hear speakers on pertinent topics that affect your child or family? Y N.

If so, what topics would be of interest to you? _____

Choice days and times during the week to hear such speakers _____