

B"H



P.O. Box 63
Franklin Lakes, NJ 07417
201-848-0449
www.chabadplace.org

YOUR CHILD'S INFORMATION

Child's Name: _____

Birthday: _____

Address: _____

City: _____

NJ

Zip: _____

Home Phone: _____

Email in CAPS: _____

School: _____

Grade: _____

FRIENDSHIP CIRCLE REGISTRATION

Father's Name: _____

Father's Email: _____

Mother's Name: _____

Mother's Email: _____

Work Phone: _____

Cell Phone: _____

Friends at Home

WHEN WOULD YOU LIKE TO HAVE THE VOLUNTEERS VISIT YOUR CHILD?

1st Choice

DAY OF THE WEEK: _____

TIME: _____

2nd Choice

DAY OF THE WEEK: _____

TIME: _____

Is there anything you would like us to know about your child? _____

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

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 the Friends at Home program? _____

REFERENCES

Please List two references with their contact information.

1. _____

2. _____

PARENTAL CONSENT

It is our pleasure to provide you with the Friends at Home program. I understand that it is necessary for a parent or caregiver to be at home during the visit and to ensure that the visit goes smoothly.

I, _____
(Parent/Guardian)

_____ arising from the care or services of the Friendship Circle.
(child)

I permit my child's photo to be used for publicity purposes.

YES

NO

Signature of Parent: _____ Date: _____