



770 High Ridge Rd, Stamford, CT 06905
 (203) 329-0015 #414 - www.FriendshipCT.com
 www.friendshipCT.com

Your Child

B"H

Child's Name _____
 Birth date ____/____/____ Grade _____
 Time of birth: Morning Evening
 Address _____
 City _____ Zip Code _____
 Phone () _____
 Child's E-mail Address _____
 School _____
 School's Phone number () _____

Friends At Home

Additional Information

Father's name _____ E-mail Address _____
Title First Last

Mother's name _____ E-mail Address _____
Title First Last

Father's Cell Phone () _____ Mother's Cell Phone () _____

When would you like the volunteers to come and visit your 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 that your child does not like doing? _____

Is there anything we need to know about your child? _____

How did you hear about our program? _____

Please return Registration Form along with photo of child.

I have children that would like to join the Sibling Support Group.

Name & Age of Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Respite Service Agreement

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

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
(parent/Guardian)

incident which affects the health, welfare, or safety of _____ in the provision of such service.
(Child)

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

Date ____/____/____ Signature of Parent/Guardian _____