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www.friendshipCT.com

Your Child

B”H

Name _____

Birth date ____/____/____ Grade _____

Address _____

City _____ Zip Code _____

Phone () _____

Child’s E- mail Address _____

School _____

School’s Phone number () _____

CHILDREN’S CIRCLE

Father’s name _____ Father’s Cell Phone () _____
Title First Last

Mother’s name _____ Mother’s Cell Phone () _____
Title First Last

Mother’s E- mail Address _____

Father’s Email Address _____

In the event that my child is unable to attend, I will try to notify The Friendship Circle .

Please enclose \$150.00 along with the registration.
Please return Registration form along with a photo.

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

What are your child’s favorite indoor activities _____ *All about your child*

What are your child’s favorite outdoor activities _____

Is your child completely toilet-trained? Yes No

Does your child need any special reminders to use the bathroom? Yes No

Is your child comfortable using any toilet? Yes No

What makes your child happy or upset? _____

Is your child (usually) frightened by any of the following?

Animals Dark Storms Loud noises Other _____

Is there any proven method that we can deal with this fear? _____

Other things you would like to tell us about your child _____

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

I permit my child to be taken off Friendship Circle premises for special trips Yes No

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