



133 Railroad Ave. Bedford Hills, NY 10507
 914-666-6065
 friendship@ChabadBedford.com

בס"ד

Your Child

Child's Name _____
 Birth date ____/____/____ M F
 Address _____
 City _____ Zip Code _____
 Phone () _____
 School _____ Grade _____
 School Phone () _____
 Siblings: (Name & Age) _____

Friends @ 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? _____

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