



The Friends Summer Program 2018 Application

Child's Name: _____ D.O.B.: _____ Age: _____ Date: _____

School: _____ Grade in the Fall: _____

Food Allergies/Diet Restrictions: _____

Diagnosis/ Key Issues: _____

Clinician: _____

_____ **The Young Child Group (Entering K – 1st grade)**
Meets Mondays, July 9 – August 6, 2018 from 4:00 – 5:00 pm **Cost: \$800**

_____ **The School Age Group (Entering 2nd – 4th grade)**
Meets Tuesdays, July 10 – August 7, 2018 from 4:00 – 5:30 pm **Cost: \$1000**

_____ **The Middle School Group (Entering 6th – 8th grade)**
Meets Tuesdays, July 10 – August 7, 2018 from 6:15 – 7:30 pm **Cost: \$1000**

Parent/Guardian 1:

Name: _____ Email: _____ Phone: _____

Parent/Guardian 2:

Name: _____ Email: _____ Phone: _____

Any additional information that you feel will help us better understand your child:

* If your child **is new to the Friends Program**, please also complete the Children's Intake Form on www.drleventhalbelfer.com.