



## The Friends Summer Program 2019 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 – 2<sup>nd</sup> grade in the fall)**  
**Meets Mondays, July 8 – July 29, 2019 from 4:00 – 5:15 pm** **Cost: \$800**

\_\_\_\_\_ **The School Age Group (Entering 3<sup>rd</sup> – 5<sup>th</sup> grade in the fall)**  
**Meets Tuesdays, July 9 – July 30, 2019 from 4:00 – 5:30 pm** **Cost: \$800**

\_\_\_\_\_ **The Middle School Group (Entering 6<sup>th</sup> – 8<sup>th</sup> grade in the fall)**  
**Meets Tuesdays, July 9 – July 30, 2019 from 6:15 – 7:30 pm** **Cost: \$800**

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](http://www.drleventhalbelfer.com).