



## The Friends Summer Program 2020 Application

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Food Allergies/Diet Restrictions: \_\_\_\_\_

Diagnosis / Key Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinician: \_\_\_\_\_

**The School Age Group (Entering 3<sup>rd</sup> – 5<sup>th</sup> grade in the fall)**

\_\_\_\_\_ **Meets Tuesdays, August 4 – August 25, 2020 from 4:00 – 5:30 pm** Cost: \$1000

**The Middle School Group (Entering 6<sup>th</sup> – 8<sup>th</sup> grade in the fall)**

\_\_\_\_\_ **Meets Tuesdays, August 4 – August 25, 2020 from 6:30 – 7:45 pm** Cost: \$825

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit this application form by June 23, 2020.

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).