



The Friends Summer Program 2021 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 3rd – 5th grade in the fall)**
Meets Tuesdays, July 6 – July 27, 2021 from 4:00 – 5:30 pm Cost: \$1000

_____ **The Middle School Group (Entering 6th – 8th grade in the fall)**
Meets Tuesdays, July 6 – July 27, 2021 from 6:30 – 8:00 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:

Please submit this application form by June 15, 2021.

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