



The Friends Summer Program 2022 Application

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

School: _____ Grade in the Fall: _____

Food Allergies/Diet Restrictions: _____

Diagnosis / Key Issues: _____

Clinician: _____

Young Children Group (Entering K – 2nd grade in the fall)

_____ *Meets Tuesdays: June 21 & 28, July 12 & 19 from 4:00 – 5:15 pm* Cost: \$660

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 17, 2022.

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