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YOUR CHILD’S INFORMATION

Child’s Name: _____

Birthday: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Email: _____

School: _____

Grade: _____

FRIENDSHIP CIRCLE REGISTRATION

Father’s Name: _____

Father’s Email: _____

Mother’s Name: _____

Mother’s Email: _____

Work Phone: _____

Cell Phone: _____

I am interested in Friends@Home

☐ YES

☐ NO

I am interested in Family Holiday Programs

☐ YES

☐ NO

I am interested in Summer/Winter Camp

☐ YES

☐ NO

I am interested in Sibling Support Group

☐ YES

☐ NO

I would be interested in assisting with Friendship Circle future events

☐ YES

☐ NO

Would you be interested in having the SAME or NEW volunteers?

☐ SAME AS LAST YEAR

☐ NEW VOLUNTEERS

Are you available to drive the volunteers TO or FROM your home?

☐ YES

☐ NO

WHEN WOULD YOU LIKE TO HAVE THE VOLUNTEERS VISIT YOUR CHILD?

1st Choice DAY OF THE WEEK: _____

TIME: _____

2nd Choice DAY OF THE WEEK: _____

TIME: _____

Does your child occasionally exhibit any of the following behaviors?

☐ Biting ☐ Cursing ☐ Grabbing ☐ Hitting ☐ Kicking ☐ Pull Hair ☐ Other _____

What is the best method of handling the situation? _____

What does your child enjoy doing most? _____

Other things you would like to tell us about your child? _____

PARENTAL CONSENT

It is a pleasure to provide you with Friends at Home service. However, it is necessary for the parents/guardians to assume responsibility to oversee activities shared together.

I agree that a parent/guardian will be at my home while the volunteers are interacting with my child. By signing below, I release the Friendship Circle, its providers and administrators, from ALL liability for any incident which affects the health, welfare, or safety of my child _____ in the provision of such service.

I permit my child’s photo to be used for publicity purposes. ☐ YES ☐ NO

Signature of _____ Date _____

Parent: -- : _