

# FRIENDS AT HOME



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Director

## YOUR CHILD

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*First Last*

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## PARENTS INFORMATION

Father's Name \_\_\_\_\_ Mobil Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mobil Phone \_\_\_\_\_  
*First Last*

E-mail Address: Father \_\_\_\_\_ Mother \_\_\_\_\_

When would you like the volunteers to come to your home?

(1st choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_ (2nd choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_

What does your child enjoy doing most? \_\_\_\_\_

Is there anything in particular that your child does not like doing? \_\_\_\_\_

Is there anything we need to know about your child? \_\_\_\_\_

## RESPIRE SERVICE AGREEMENT

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

I \_\_\_\_\_ agree that a parent/ guardian will be home while volunteers are interacting with my child. I release the Valley 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.

Date \_\_\_\_\_ Signature of Parent/ Guardian \_\_\_\_\_

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