

SPLASH BUDDY INTAKE FORM

GENERAL INFORMATION

TODAY'S DATE: _____

STUDENT NAME: _____ DOB: _____

ADDRESS: _____

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER GUARDIAN (please note relationship)

MOTHER'S/GUARDIAN'S NAME: _____ CELL: _____

EMAIL ADDRESS: _____

FATHER'S/GUARDIAN'S NAME: _____ CELL: _____

EMAIL ADDRESS: _____

CHILD'S PRIMARY LEARNING, BEHAVIOR OR HEALTH CONCERNS WE SHOULD BE AWARE OF:

PRIMARY GOALS I HAVE FOR MY CHILD'S DEVELOPMENT THROUGH PARTICIPATION IN FRESHWATER COMMUNITY CHURCH BUDDY PROGRAM (ex. Learn new things, make new friends, interact well with peers, have fun, etc.)

EMERGENCY CONTACTS

IN CASE OF EMERGENCY, THE FOLLOWING PERSON(S) (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE) MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD(REN). POSITIVE IDENTIFICATION WILL BE VERIFIED BEFORE YOUR CHILD WILL BE RELEASED.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

BEHAVIOR

WHAT TYPE OF PLAY ACTIVITIES DOES YOUR CHILD ENJOY OR PARTICIPATE IN?