

Favarh Activity Club

Welcome to the Favarh Activity Club. In an effort to get to know each child and to plan appropriate activities for the children it is helpful to us if you can tell us a little bit about your child.

Child's Name _____ DOB _____
Parent's Name _____
Address _____
Phone: _____ Parent E-mail _____
Cell Phone: _____ Date of Application _____

Child's Diagnosis: (If undiagnosed, please be specific about child's difficulties or Special Needs.)

My child's favorite objects and activities are:

My child has fears and may become upset when:

If my child gets upset or agitated, he or she may act out in the following ways:

If my child is upset, the following may calm them: (Please be specific about sounds/activities etc. that will calm your child.)

Does your child have any food allergies or sensitivities? YES NO Please explain _____

Additional information that will be helpful:

FAVARH is continually promoting the program and seeking funding. Will you allow your child/s photo to be released for publication on promotional materials? (brochure/schedule) ___ Yes ___ No

Newspaper Photo ___ Name ___

Favarh Facebook Page ___ Yes ___ No (we do not use list last names)

Please list sibling below that will be attending the playgroup occasionally or on a regular basis:

Name _____ Age _____ Allergies _____

Does your child require one-to-one assistance? YES NO Please explain _____
