

**South Norfolk County Arc
February 2012 Vacation Week Program
Please return to Lisa Dwinnells at SNCARC by January 31st
789 Clapboardtree Street
Westwood, MA 02090**

This is the form that will be provided to your child's "buddy." It is important that you offer as much practical information as you think would be helpful to ensure a positive experience for both your child as well as his/her "buddy."

Child's name: _____ Age _____
Parent's name: _____
Address _____
Phone # : _____
Cell #: _____
E-Mail Address: _____

Please indicate below your preferences in order of 1-most to 3-least

_____ 2/20 Center-Based Day

_____ 2/21 Bowling

_____ 2/23 Jump Trax

Does your child have any medical diagnoses such as seizures or food allergies that we need to be aware of? (If yes, please explain.)

What is the best way to communicate with your child? (i.e. are there certain words, phrases or gestures that are used)

Indicate any behavioral concerns you have and the best way to deal with them:

continued on the next page...

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Name: _____

Are there specific circumstances or situations that may cause your child to become agitated or aggressive?

What is the best means of comforting your child?

What else would you like us to know about your child?

Space is limited so register early. We will contact you no later than February 3rd to let you know what day(s) your child is able to participate.