

Little Friends Center for Autism

Application for Friendship Group

Child's Name:

Date of Birth:

Parents' Name(s):

Address:

Phone:

Cell:

Email Address:

Primary Diagnosis:

What behaviors does your child display? Please list.

What difficulties does your child have in social situations? Please list.

What skills are you hoping your child will gain from participating in the group?

Has your child attended a social skills group? Yes___ No___ If so, please list.

Does your child have any food allergies? If so, please list.

Mail application to: **(DO NOT SEND PAYMENT)**

Little Friends Center for Autism

Attn: Friendship Group

1001 E. Chicago Ave., Suite 151

Naperville, IL 60540

Or fax to: 630-305-4785