

Town of New Milford Department of Social Services

40 Main St. New Milford, Ct. 06776

ADULT
NAME(S): _____ DATE _____

ADDRESS: _____ EMAIL _____

PHONE #'s H _____ C _____

CHILDREN'S INFORMATION:

NAME: _____ SEX: _____ DOB: _____

What is it about the Family First experience that makes you want to return:

Describe one stress-related change that you have made in your life since your last Family First Weekend:

If no change has occurred, explain:

Describe one parenting-related change that you have made since your last Family First Weekend:

If no change has occurred, explain:

Describe one financial change that you have made since your last Family First Weekend:

If no change has occurred, explain:

(OVER)

Name one thing for yourself or your family that you might like some help with during the upcoming Family First Weekend:

Would anyone in your family like to go horseback riding? Y N

If yes, who? _____

Would you like to have a massage? Y N Spouse: Y N

Are you (or partner, if appropriate) a smoker? Y N

Do you or anyone in your family have any dietary restrictions? Y N

If yes, describe: _____

Do you have any special needs i.e.: unusual sleeping patterns, children's behavioral problems that we should be aware of? Y N

If yes, what are they? _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

I hereby release, discharge, and / or otherwise identify the New Milford Social Services Department and it's volunteers and any employees from any claims arising out of injury to the aforementioned registered participants. I give permission for photographs to be taken and shared during the Family First Weekend, and my contact information to be shared with the other participants.

SIGNED _____ DATE: _____