

APPLICATION:

**SOCIAL GROUP FOR TEENS/ADULTS
with DISABILITIES THAT MEETS at
NORTHSIDE BAPTIST CHURCH**

Name _____ Date of Birth _____

Residence _____ Phone Number _____

Email Address _____

Parent/Guardian Name _____ Phone _____

Address _____

Who will be coming with you: _____

**Anything that would be helpful for us to know:
allergies, sensory issues, special interests, verbal
ability, etc...**

TODAY'S DATE _____