

***Sharing By the Sea***  
**Cape Cod Down Syndrome Support Group**

Name \_\_\_\_\_

Children's Name \_\_\_\_\_ Age \_\_\_\_\_

Children's Name \_\_\_\_\_ Age \_\_\_\_\_

Children's Name \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**How did you hear about our Support Group?**

\_\_\_\_\_

**Please Circle your area of interest:**

Children's play group (1 year- 3 year)

Children's play group ( 4 years – 6 years)

Monthly support group meetings

Social gatherings (pool party, winter holiday, spring holiday, pot luck dinners)

Educational series with professionals as guest speakers.

Information on Special Needs Trusts.

Open form for New Parents and Young Children.

Series, "What happens after my child turns 21?"

Laws and rights we have as parents in the school system.

Round table form for group members to discuss any and all topics of interest.

Please feel free to offer any other topic that would be of interest.

Comments:

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The following questions will help us to offer complete and necessary services.

Have you visited our web site? ([www.capecoddownsyndrome.com](http://www.capecoddownsyndrome.com)) \_\_\_\_\_

If so, how often do you visit? \_\_\_\_\_

Do you feel that the site offers you the information that you are seeking? \_\_\_\_\_

If not, please let us know what you would like included.

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Have you ever attended our monthly support group meeting? \_\_\_\_\_

If so, did it support your needs? \_\_\_\_\_

Have you enjoyed our social gatherings? \_\_\_\_\_

Which ones did you enjoy the most and why? \_\_\_\_\_

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What would you most like to get out of the support? \_\_\_\_\_

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Please feel free to let us know of your expectations and interests.

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Please complete and bring with you to any meeting or mail to:

**Cape Cod Down Syndrome Support Group, P.O. Box 376, Centerville, MA 02632**