

# QUESTIONNAIRE and PERMISSION SLIP

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Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_

Does your child fluently speak/write in any other languages? \_\_\_\_\_

What does your child like to do for fun?

\_\_\_\_\_

What are some topics your child would like to talk about with their pen pal?

\_\_\_\_\_

Does your child want to talk to his/her pen pal about their disease?

\_\_\_\_\_

Are there certain interests your child would like his/her pen pal to have? (Hobbies, favorite subject in school...)

\_\_\_\_\_

Are there any requests you have regarding you child's pen pal? (Age range, gender, geographic location...)

\_\_\_\_\_

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**Parental Consent:** I give permission for my child to participate in the Pen Pal Program through Genzyme Treatment Support. I realize my child's name, postal and email addresses will be provided to the assigned pen pal.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Thank you for participating! You will receive you pen pal start up kit in approximately three weeks. Please contact me if you have any questions. I can be reached at 800-745-4447 x16647.**

**\* The information on the Pen Pal Application is considered confidential. The information will only be used to facilitate Pen Pal correspondence and will not be shared with anyone not directly involved in the Pen Pal program without your permission.**