

**JUVENILE DIABETES RESEARCH FOUNDATION (JDRF)  
Tidewater Chapter New Family Registration**

Date: \_\_\_\_\_  
Name of child with diabetes: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date diagnosed \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's home #: \_\_\_\_\_  
Mother's employer: \_\_\_\_\_ work/cell phone #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's home #: \_\_\_\_\_  
Father's employer: \_\_\_\_\_ work/cell phone #: \_\_\_\_\_

Siblings (names & ages): \_\_\_\_\_  
\_\_\_\_\_

Hospital/Endocrinologist affiliation: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Extra Curricular Activities: \_\_\_\_\_

**Would you like to receive the Tidewater Chapter *Discoveries* quarterly Newsletter?  
\_\_\_ (Y or N)**

**FAMILY CONNECTIONS /SUPPORT GROUPS**

Would you and/or your family members attend meetings for:

Adults with type 1 \_\_\_ Yes \_\_\_ No

Parents Only \_\_\_ Yes \_\_\_ No

Families (Parents & children) \_\_\_ Yes \_\_\_ No

Mix of Parent-Only & family meetings \_\_\_ Yes \_\_\_ No

Teens \_\_\_ Yes \_\_\_ No

How often? \_\_\_ Monthly \_\_\_ Bi-Monthly \_\_\_ Quarterly

Preferred day & time for meeting: \_\_\_\_\_

Would you be willing to host a Parent Coffee or arrange a venue? \_\_\_ Yes \_\_\_ No

Would you help coordinate a support group in your area: \_\_\_ Yes \_\_\_ No

What topics and types of guest speakers would you find of interest or helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BABY SITTING RESOURCES**

Would you use a resource list of baby sitters? \_\_\_ Yes \_\_\_ No

Do you have teens or other family members who would baby sit for children with Type 1 diabetes? \_\_\_ Yes \_\_\_ No

**MENTORING PROGRAM**

Would you like to have the opportunity to speak with another parent who lives in your community or has a child of the same age as yours? \_\_\_ Yes \_\_\_ No

Would YOU be interested in becoming a mentor to other newly diagnosed families? \_\_\_ Yes \_\_\_ No

**VOLUNTEER OPPORTUNITIES (CHECK ALL THAT INTEREST YOU)**

- Bag of Hope/Teen Pack Program (for newly diagnosed children & teens)
- Mentoring Program (partnering parents of newly diagnosed with parents of similar age child/or geographic location)
- Support Group Coordination
- Family Event Planning
- Office/Clerical (assist with mailings, etc.)
- School Programs (Kids Walk to Cure Diabetes, education programs, 504 plans)
- Advocacy (government relations, public speaking, media relations)
- Walk to Cure Diabetes Team
- Gala Volunteer
- Sponsor a Fund Raising and/or Awareness Event

**In what ways would you like JDRF to help you or other families affected by Type 1 diabetes?**

**Are there ways YOU might be willing and able to help JDRF and families living with type 1?**

**Please share with us any other suggestions you may have for us.**

Please send the completed form to:

**Tidewater Chapter**  
**5712 Cleveland Street Suite 100**  
**Virginia Beach, VA 23462**  
**Phone: (757) 497-2202 Fax: (757) 497-2271**