



reative Living Inc.

368 South Main Street, Andover, MA 01810

GETAWAY WEEKEND GUEST INTAKE ADDENDUM

Guest Name: _____ Nickname: _____

DAILY ROUTINE AND PREFERENCES

1. Normal wake-up time: During week _____ Weekends _____

2. Normal bedtime: During week _____ Weekends _____

3. Normal bathing time: During week _____ Weekends _____

4. Normal mealtimes: Breakfast _____ Lunch _____ Dinner _____

5. Meal/Food preferences:

Breakfast: _____

Lunch: _____

Dinner: _____

Food Disliked: _____

Food Allergies, if any: _____

Religion (optional): _____

Has the applicant ever stayed overnight anywhere other than the family home? Yes No

Was this enjoyable? Yes No (please explain)

In light of the fact that bedrooms are shared at Creative Living, guests are to refrain from any sexual behavior whatsoever.