



The Fellowship Maker's Child Ministry

Child's Full Name: _____

Goes by: _____

Birth Date: _____

Male or Female

Parent's name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____

Information about your child:

What is the area of your child's special need? (i.e. emotional, cognitive, physical, developmental)

Medical diagnosis _____

Does your child have any other medical conditions that we need to be aware of (i.e. Seizures) Please detail if yes. _____

Communication Style (circle)

- Verbal
- Non-Verbal

If nonverbal, please describe communication _____

Dietary Information (allergies):

- Foods or beverages your child cannot have:
-

List any other dietary limitations or issues

*If medication will need to be given during church hours, a parent is responsible for storing and administering the medication. If needed during respite, please speak with nurse.

Skills/Assistance Needed What is the approximate level of assistance needed for the following activities? circle

- Walking (None Minimal Some Much Total)
- Standing (None Minimal Some Much Total)
- Toileting (None Minimal Some Much Total)
- Eating (None Minimal Some Much Total)

If you answered Much or Total assistance required, please comment on specific needs

Behavioral Issues

Has your child exhibited any of the following?

- Physical aggression
- Verbal aggression
- Extreme fear of certain situations

Please comment on any other behavioral issues and interventions that work well for your child:

Does your child have issues with sensory intake? circle

- Sensitive to: Touch, Sound, Light, Movement

Calms

with:

Other

comments: _____

Will your child need to receive extra attention with toileting or diaper changes? _____

Any medical devices present? _____

Please share any other information which would be helpful in making your child's time with us positive and enjoyable. _____

Consent Statement

I give permission to the staff and volunteers of The Fellowship to provide for the needs of my child during the worship hour and/or respite care evenings. In the event of an emergency, I authorize first aid and/or medical attention for my child and I release The Fellowship from any responsibility in connection there with. You will be retrieved from service or contacted immediately if any unforeseen event arises.

Signature:

Relationship to child:

Date: _____

Sibling info: (if child will stay with us)

Names:

Important info/Allergies?

1. _____

2. _____

3. _____

4. _____

5. _____