



The Ark - Buddy Form

PLEASE TELL US THE STORY OF YOUR AWESOME KID! THE MORE WE KNOW THE BETTER WE CAN CARE FOR THEM!

PLEASE PRINT NEATLY.

CHILD'S NAME _____

DATE OF BIRTH ____ / ____ / ____

ADDRESS _____
STREET

CITY/ST/ZIP

DIAGNOSIS _____

MEDICAL NEEDS _____

Please attach additional notes on a separate page.

SCHOOL ENROLLED _____

SIBLINGS _____

BEHAVIORAL TRIGGERS _____

PARENT _____
NAME BEST CONTACT PHONE

EMAIL

PARENT _____
NAME BEST CONTACT PHONE

EMAIL

CHILD'S PERSONALITY AND BEHAVIOR

1. What are your child's strengths?
2. What are your child's limitations?
3. What are your child's interests?
4. Describe your child's behavior.
5. What do you do to help your child calm down?

FOOD

1. Is your child allergic to any foods? YES. NO
2. Are they life-threatening? YES. NO
3. Please list the foods or other allergens here:
4. Are there any other dietary food restrictions? YES. NO
5. Please list those food restrictions here:
6. Are there any favorite foods? YES. NO

Please list them:

INDEPENDENCE

1. How much assistance does your child require to use the bathroom?

2. Can your child feed him/herself? YES. NO

IF NO, please describe details of what must be done to feed your child:

COMMUNICATION

1. Is your child's speech understandable to people who don't know him/her? YES. NO

2. If speech is not understandable by others, how does child communicate? YES. NO

3. Does your child use sign language? YES. NO

4. Does your child use any kind of communication device? YES. NO

IF YES, please describe the communication device and how to use it:

PROSTHETIC DEVICES

1. Does your child use any kind of prosthetic devices? YES. NO

IF YES, please indicate special instructions the staff needs to know about the device.

SPIRITUAL CONCEPTS AND GOALS

1. Does your child have any previous experience with attending church or being away from the primary guardian who cares for him/her on a normal basis?

Please describe that experience, good or bad:

AT CHURCH, I WANT MY CHILD TO:

- 1.
- 2.
- 3.

PLEASE INITIAL THE FOLLOWING

_____ IF MY CHILD NEEDS ASSISTANCE USING THE BATHROOM, IT IS OK FOR CRC STAFF/VOLUNTEERS TO ASSIST THEM WITH THIS.

_____ IF MY CHILD REQUIRES OTHER ASSISTANCE WITH FOOD, IT IS OK FOR CRC STAFF/VOLUNTEERS TO ASSIST.

_____ IF MY CHILD REQUIRES ASSISTANCE WITH A PROSTHETIC DEVICE, IT IS OK FOR CRC STAFF/VOLUNTEERS TO ASSIST.

_____ IT IS OK FOR MY CHILD'S PHOTO TO BE TAKEN IN CLASS

_____ IT IS OK TO USE MY CHILD'S IMAGE ON SOCIAL MEDIA

_____ IT IS OK TO USE MY CHILD'S IMAGE ON CRC'S WEB SITE

SIGNATURE

DATE