

## Parent Questionnaire for Children with Special Considerations

**Riverside Presbyterian Church** cares for each participant in the children's ministry program. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the below questions that apply to your child, so that our church can best minister to your child. *Please send completed form to: [wonderfullymade@riversidearp.org](mailto:wonderfullymade@riversidearp.org).*

**Child:** \_\_\_\_\_ **Age & Grade:** \_\_\_\_\_

### Parent Contact Information

Parent Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Emergency Contact and Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

My child has the following diagnosis, medical condition or learning difference:

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My child has the following allergies and/or food sensitivities: \_\_\_\_\_

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*\*If your child has a food allergy, please bring a snack for your child & check it in when you arrive.*

My child's main mode of functional communication is: \_\_\_\_\_

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The goals I have for my child's development this coming year include (behavioral, social, academic, etc.):

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My child has the following area(s) of interest: \_\_\_\_\_

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My child can do these things independently: \_\_\_\_\_

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My child needs assistance with (including toileting/self-care needs): \_\_\_\_\_

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My child is uncomfortable with or has an aversion to: \_\_\_\_\_

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What sensory needs, if any, does your child have? \_\_\_\_\_

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A trigger-point for resistance, frustration, or behavioral problem may emerge for my child when:

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When/if my child experiences a period of frustration, he/she calms when we: \_\_\_\_\_

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Doing/seeing/experiencing this one thing is an important part of my child's routine: \_\_\_\_\_

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My child (check one)      does      does not enjoy music: \_\_\_\_\_

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My child (check one)  would  would not enjoy a large group worship experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is really picky about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child may be trying to communicate their need for (describe) \_\_\_\_\_  
when he/she exhibits the following behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is prone to seizures (check one)  Yes  No  
If yes, what is the medical plan of action:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, what are any triggers and/or preventative measures we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

My child's behavior may indicate a medical problem requiring immediate attention when:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your child's siblings who will also be attending:

1. \_\_\_\_\_ Age/Grade \_\_\_\_\_
2. \_\_\_\_\_ Age/Grade \_\_\_\_\_
3. \_\_\_\_\_ Age/Grade \_\_\_\_\_
4. \_\_\_\_\_ Age/Grade \_\_\_\_\_

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**PHOTO RELEASE**

I give permission to use pictures of my child(ren) in publications, newsletters, and on the Riverside Presbyterian website.

I DO NOT give permission to use pictures of my child(ren) in publications, newsletters, and on the Riverside Presbyterian website.

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I would like to receive information about future events held by Riverside's Wonderfully Made Ministry.

I have read this intake form and verify that the information is true.

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Parent Signature

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Date

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Church Representative

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Date

**Please send completed form to: [wonderfullymade@riversidearp.org](mailto:wonderfullymade@riversidearp.org)**