

Intake Form

Caring for Those with Special Needs



These questions allow us to provide the best experience and safest environment for all of our friends within the ministry. Our church leaders and ministry volunteers will respect your family's right to privacy. Any information shared is communicated directly with those caring for your family member and only on a "need to know" basis. If you have any questions, please contact [Insert Name] for more information.

Child's Name: _____	DOB: _____
Age: _____	Diagnosis: _____

Mother's name _____ Phone _____ Live at home? Y N

Address _____

City _____ ZIP _____

Email _____ Alternate Phone _____

Father's name _____ Phone _____ Live at home? Y N

Address _____

City _____ ZIP _____

Email _____ Alternate Phone # _____

Siblings? Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

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My child loves to _____

Enjoys music? Yes No Enjoys arts & crafts? Yes No Outside play? Yes No

Writing? Yes No Reading? Yes No

Allergies/Food Sensitivities: Yes No If yes, please explain _____

Life Threatening? Yes No EPI Pen? Yes No

Food/drinks to avoid _____

Assistance needed for eating/drinking? Yes No

Prone to Seizures: Yes No Other Medical Concerns: _____

Toileting Needs: Independent With Assistance Wears Diapers

Signs, gestures, words to Indicate toileting needs _____

Medication: Yes No Type and purpose: _____

Main mode(s) of communication: Verbal Visual Supports Sign Language Digital Devices

My child is independent with _____

My child needs assistance with _____

My child is uncomfortable with or has sensitivities to _____

Behavior concerns to be aware of _____

Trigger-points for frustration/resistance _____

Calming tools and aids _____

Behaviors that may communicate a specific need (please indicate the need where appropriate)

Classroom situations you wish to be contacted about _____

Please describe your child's understanding of and relationship with God _____

Goals for your child at church _____

Ideas for the church to better serve your family _____

Additional thoughts or comments _____
