



Please help us better understand your child with special needs.

Child's Name: _____ Date of Birth: _____ Gender: Male Female

Name of School: _____ Grade (2016-2017): _____

Classroom Environment: _____

Child lives with: Both Parents Mother Father grandparents

guardian (Please put relationship if applicable) _____

Mother's/Guardian's Name: _____ Cell: _____

Father's/Guardian's Name: _____ Cell: _____

Are there are custody concerns? yes no If yes, please explain _____

Please list any siblings who will also be attending:

Name: _____ Grade _____

Name: _____ Grade _____

Name: _____ Grade _____

Name: _____ Grade _____

EMERGENCY CONTACTS (Other than physician)

In case of emergency, the following person(s) may be called and are authorized to pick up my child. At least one contact must be provided. Positive identification must be verified before your child will be released.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Cell): _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Cell): _____

Worship Buddy Ministry

Family Profile

CHILD'S DIAGNOSIS: Please check all that apply

ADD/ADHD: Mild Moderate Profound *Comments:* _____

Autism: Mild Moderate Profound *Comments:* _____

Cerebral Palsy: Mild Moderate Profound *Comments:* _____

Developmental Delay: Mild Moderate Profound *Comments:* _____

Down Syndrome: Mild Moderate Profound *Comments:* _____

Emotional Disability: Mild Moderate Profound *Comments:* _____

Fetal Alcohol Syndrome/Effects: Mild Moderate Profound *Comments:* _____

Hearing Impaired: Mild Moderate Profound *Comments:* _____

Speech/Language Disorder: Mild Moderate Profound *Comments:* _____

Learning Disability: Mild Moderate Profound *Comments:* _____

Intellectual Disability: Mild Moderate Profound *Comments:* _____

PDD Spectrum: Mild Moderate Profound *Comments:* _____

Physically Impairment: Mild Moderate Profound *Comments:* _____

Seizure Disorder: Mild Moderate Profound *Comments:* _____

Sensory Processing Disorder: Mild Moderate Profound *Comments:* _____

Other: _____

CHURCH

What are your goals for your child during his/her time at church?

COMMUNCIATON

My child communicates with others using

Words Babbles Gestures Sign Language Pictures AAC

Language(s) spoken at home: _____

Additional Information or explanation: _____

Worship Buddy Ministry

Family Profile

TOILETING SKILLS (Please check all that apply)

Toilets independently Toilets w/ supervision Potty Trained, needs assistance Diapers/Pull Ups

Additional Information (schedule/frequency):

How does your child indicate a need to use the toilet?

Indicate special toileting needs/schedule:

FEEDING

Self feeds Requires assistance with eating and drinking

Drinks from (check one): Bottle Cup w/ Straw Cup Other: _____

Allergies: _____

Additional Information/Explanation:

MEDICAL ISSUES OR SPECIAL CONCERNS (please check any that apply and explain)

Seizures:

Heart Condition:

G-Tube:

Positioning:

Epi Pen:

Other:

Worship Buddy Ministry

Family Profile

BEHAVIOR

My child responds to separation from his/her parents (or primary care provider) by:

My child enjoys:

My child becomes upset when:

My child is best comforted/calmed by:

Are there any additional behavior concerns not already addressed?

MEDICATION

Any known allergies to medication or medical supplies (i.e. latex, Neosporin, etc.): Yes No

Additional Information/Explanation:

PERMISSION/AUTHORIZATION AGREEMENT

Please read the following statements carefully and initial in the designated space indicating you have read, understand, and agree to the provisions.

_____ I understand the nature of the program and do hereby release Williamsburg Community Chapel and its representative from any liability due to accident or injury to my child.

_____ I agree to stay in the building while my child is in the Worship Buddy Program.

_____ I agree to communicate any changes regarding my child's needs and/or attendance to the Worship Buddy Team.

_____ I authorize Williamsburg Community Chapel to publish photos of my child (without his/her name) on our website and brochures for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

Signature: _____ **Relationship to Child:** _____ **Date:** _____