



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

Name of School: _____ Grade (2017-2018): _____

Classroom Environment and/or Therapy (self-contained, inclusion, blended. etc.): _____

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 _____

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): _____

CHILD'S STRENGTHS

Tell us a few of the things you love about your child:

My child's strengths and spiritual gifts include:

**Worship Buddy Ministry
Family Profile
2018**

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:* _____

Physical 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: _____

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TOILETING SKILLS (Please check all that apply)

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

Indicate special toileting needs/schedule:

How does your child indicate his/her need to use the bathroom?

Additional Information:

FEEDING

- Independent Requires assistance with eating and drinking Drinks from: _____

Allergies:

Additional Information/Explanation:

BEHAVIOR

My child enjoys:

My child becomes upset when:

My child communicates frustration by:

My child is best comforted/calmed by:

Are there any additional behavior concerns not already addressed or strategies/techniques that work best at home or school?

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

Seizures (Please describe seizures and explain specific protocol):

Heart Condition:

Epi Pen:

Other:

Any known allergies to medication or medical supplies (i.e. latex, Neosporin, etc.):

FAMILY SUPPORT: We would love to expand beyond Sunday mornings. Please check any areas that you would be interested in:

Parent Bible Study/Support Group Family Social Events Respite Nights

Other: _____

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

____ I understand that the WB program uses proactive strategies to manage behavior. However, if a behavior becomes dangerous to my child or others, staff or volunteers trained in Therapeutic Options will use strategies and techniques to create and/or get my child to a safe environment while notifying the parent/guardian (if de-escalation is unsuccessful then as a last resort physical skills for managing aggression would be implemented).

____ 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:** _____