



Special Needs Intake Form

Please complete the form and drop it off with the Special Needs Leader in your child's class

Believers Fellowship is honored to be able to share in the support of your family member's spiritual journey through the Believers Kidz Ministry. The questions included on this form are asked for the benefit of your family member and, so that we may provide the best experience and safest environment for everyone involved. Please know that our church leaders and ministry volunteers respect your family's right to privacy. Any information that might be shared from this form is communicated directly with those caring for your family member and only on a "need to know" basis. With your help by answering the questions on this form, we can make our Believers Kidz Ministry the best it can be for your loved one.

Information

Child's Name: _____

Age: _____ Date of Birth: _____ Grade: _____ Gender: Male Female

Parent's/ Guardian's Names: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Address: _____

City/ State/ Zip: _____

Names of siblings or other family members in the home: _____

Emergency Contacts: (2 people familiar with habits and conditions)

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Describe his/her past Church experiences: _____

Medical

Disability diagnosis or medical condition: _____

Is he/she on medication? Yes No

Language: Verbal Nonverbal Limited verbal Sign Language

Does he/she have seizures? Yes No

If yes, please describe triggers and reaction and how long before a parent needs to be contacted: _____

Food or other Allergies: _____

Is your child able to feed him/herself? Yes No

Does your child use an EPI Pen? Yes No

Toileting Needs: independent requires assistance diaper/ pull up (all diapering over the age of 3 is required to be done by parents/ *diapering stations are available*)

Signs, gestures, or words your child uses to indicate needing toilet/ changed: _____

Any other medical concerns? _____

Mobility

Walks independently Uses a device to help with mobility

Is outside play ok? Yes No

Sensory

When/ if your child experiences a period of frustration, he/she calms when we: _____

Please share any behavior concerns we should be aware of as well as any trigger-points for resistance, frustration which may make these behaviors emerge: _____

Your child is uncomfortable with or has sensitivities to: _____

Do you have any additional helpful information? (*include special equipment that would be helpful for learning or favorite calming items*): _____

MEDICAL RELEASE

I understand Believers Fellowship will make every effort to contact me or those named above in case of an emergency requiring a physician. However, if unable to make contact, the church leaders are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child. I also understand the church has no financial responsibility for emergency care for my child or transportation in an emergency vehicle should the need arise.

Parent/ Guardian Signature: _____

Date: _____

PHOTO RELEASE

I, _____

Parent/ Guardian – please print

Authorize Believers Kidz, a children’s ministry of Believers Fellowship, to use my child’s photo/ video and name to further educate others about Believers Kidz.

Parent/ Guardian Signature: _____

Date: _____

INFORMATION RELEASE

I, _____

Parent/ Guardian – please print

Authorize Believers Kidz to share the confidential information contained in this profile with those leaders/ volunteers who will be working with my child.

Parent/ Guardian Signature: _____

Date: _____