



# MENUCHA

## Child Questionnaire

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

**Gross motor:** (please circle or underline all that apply)

Walks      runs      jumps      In wheelchair      walks independently, but with close monitoring

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Fine motor:** (please circle one on each line)

Colors with crayons/markers:      independently      with assistance  
Cuts with scissors:      independently      with assistance

**Activities child enjoys:** (circle all that apply)

Listening to music      singing      arts and crafts      coloring      dancing

Pretend play      listening to stories      other: \_\_\_\_\_

1. **TOILETING** (please check just one of the choices below)

\_\_\_ does not use the toilet

\_\_\_ fully trained – goes to the bathroom him/herself without any assistance

\_\_\_ partially trained – please comment below

\_\_\_ fully trained but needs the following assistance - please comment below

\_\_\_ scheduled toileting. Child should be toileted every \_\_\_\_\_ hour(s) – please also comment below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **EATING:**

\_\_\_ my child does have food allergies and is allergic to the following:

\_\_\_\_\_  
\_\_\_\_\_

Feeding assistance:

\_\_\_ child needs no assistance

\_\_\_ child needs some assistance

\_\_\_ child must be fed

Feeding instructions: (if applicable):

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My child tends to do the following during meals:

\_\_\_ spit up

\_\_\_ gums bleed

\_\_\_ finds it hard to sit still

\_\_\_ other: \_\_\_\_\_

What to do when the above occurs:

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3. If my child cries or becomes upset, the best methods to soothe him/her are: (please continue on back of sheet if necessary)

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4. The following may upset/frighten my child:

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5. Please tell us anything else our staff and volunteers should know about your child:

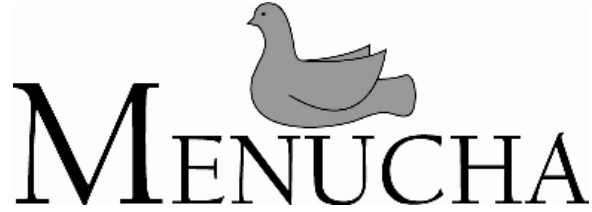
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*THANK YOU FOR HELPING THE VOLUNTEERS GET TO KNOW YOUR CHILD!*

\*Please note: This form and the Release must be signed and dated by hand and mailed in or hand delivered. Thank you!



## Emergency Information

Child's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's work ph.: \_\_\_\_\_ Mother's work ph. \_\_\_\_\_

Doctor's name: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relationship: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_ cell: \_\_\_\_\_

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

I hereby give permission to Menucha, Inc., its employers, volunteers, and/or assigns, to obtain medical care for my child in the event of an emergency.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

This Release is valid for one year after the signature date.

**FULL RELEASE**

The undersigned \_\_\_\_\_ (“Parents”), as the parents and/or legal guardians of \_\_\_\_\_ (“Child”), hereby acknowledge that the Child will be engaging Menucha volunteers, and/or engaging in one or more programs of MENUCHA, INC. (the “Organization”) In connection with, and as a condition of, Child’s participation in the Program, Parents hereby agree as follows:

1. Parents hereby grant permission for Child to participate in MENUCHA’s Programs. Parents know the risks and dangers involved in any Program and are aware that unanticipated and unexpected dangers may arise during such Programs. Parents assume all risks of injury to Child that may be sustained in connection with any Program.
2. In consideration of the permission granted to Child by the Organization to participate in the Program, Parents hereby, on their own behalf and on behalf of Child, release, remise and discharge the Organization of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained by one or more of Parents or Child and/or their respective property in connection with their participation in the Program due to negligence or any other fault.
3. Parents represent and certify that they are fully authorized to enter into this FULL RELEASE on their own behalf and on behalf of Child. Parents hereby further represent and certify that Child’s participation in the Program is voluntary, and that neither Parents nor Child are, in any way, the employee, servant, or agent of the Organization.
4. PARENTS HAVE (I) READ AND (II) FULLY UNDERSTOOD THE FOREGOING FULL RELEASE.

TO GIVE EFFECT TO THE FOREGOING, Parents have executed this Full Release as of this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
PARENT’S SIGNATURE

\_\_\_\_\_  
CHILD’S NAME