



Child and Family Information Form

Date _____

I. Please help us better understand your child with special needs

Child's name _____ Grade _____ Age _____ M F

Child lives with: ___both parents ___mother ___father guardian _____

Email address _____

Father's/Guardian's name _____ Cell # _____

Mother's/Guardian's name _____ Cell # _____

Child's **primary health concerns** we should be aware of:

Please list siblings of child who will also be attending:

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

II. EMERGENCY CONTACTS (other than doctor)

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact must be provided. Positive identification must be provided before your child will be released.)

1. Name _____ Cell phone: _____

Home Phone: _____ Address: _____

Email _____

Driver's License: _____ Relationship: _____

ALLERGIES: (Drugs, Food,

Other _____

TOILETING SKILLS:

___Toilets independently

___Diapers: ___Cloth ___Disposable

___Currently being potty trained

___Potty trained, needs assistance

___Requires catheterization

Frequency/Schedule: _____

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

Indicate special toileting needs/schedule: _____

BEHAVIOR: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Is sometimes destructive |
| <input type="checkbox"/> Plays alone | <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Adapts to new situations well | | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty | | <input type="checkbox"/> Sometimes attempts to run away |
| <input type="checkbox"/> Responds to correction well | | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Responds to correction with difficulty | | |

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

What type of play activities does your child enjoy and/or participate in? _____

My child becomes upset when/or does not enjoy: _____

Are there any additional concerns not already addressed: _____

IV. PERMISSION/AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to Two Rivers Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.

_____ I will remain on 2RC campus during the time my child is participating in any ministry event/program.

_____ I authorize Two Rivers Church to publish photos of my child (without his/her name on our 2RC 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:

SIGNED: _____ DATE: _____

Parent or Guardian