

Kids Care Questionnaire

For Families of Children with Disabilities and Additional Needs

Child Info

First Name _____ Last Name _____ Gender M F
Date of Birth _____ Age/Grade _____ Campus attending _____
Preferred Weekend Service and Time Saturday _____ Sunday _____
Plan to attend Each Week 2x/mo Occasionally Other (please specify) _____

Adult Info

Parent/Guardian#1

First Name _____ Last Name _____
Relationship to Child Mom Dad Other (please specify) _____
Email _____ Phone Number _____ Cell Home
Address _____ City _____ State _____ Zip _____

Parent/Guardian#2

First Name _____ Last Name _____
Relationship to Child Mom Dad Other (please specify) _____
Email _____ Phone Number _____ Cell Home
Address _____ City _____ State _____ Zip _____
 Same as Guardian #1

Care Info

Child's primary health concerns/diagnosis _____
Medications we should be aware of _____

Type of assistance that you think would be the most beneficial for your child within kids services

- Side-by-side (One-on-one volunteer that assists in ways unique to your child's needs)
- Room Assistant (Oversees multiple kids in a room who could benefit from basic help with attention, redirection, sensory or social needs)
- Personal Care Assistant (Assistance provided by parent/guardian. A background check is required)
- No extra assistance required. I just want you to be aware.

Vision Typical Impaired Blind

Hearing Typical Impaired Deaf Hearing Aid

Motor Head Control Rolls over Sits Crawls Walks

Uses Walker Crutches Braces Wheelchair

Speech Words Phrases Sentences Babbles Gestures Sign Language Communication Device

Other (please describe) _____

Can understand what others say All the time Most of the time Some of the time None of the time

- Recognizes the voice of family members

Eating Habits Drinks from a cup with assistance Drinks from a cup by self Bottle fed

Feeds self using (Fork, Spoon, Hands) _____

Is allowed to eat snacks provided by the program (i.e. Goldfish crackers, Cheerios, popcorn, candy)

Parent/Guardian will provide a special treat

Allergies (Drugs, Food, Other): _____

Toileting Skills Toilets independently Currently being potty trained

Potty trained, needs assistance (frequency/schedule) _____

Diapers (cloth, disposable) _____

Child indicates the need to use the toilet by _____

Behavior

Shy Outgoing

Plays alone Plays in groups

Adapts to new situations well

Adapts to new situations with difficulty

Responds to correction well

Responds to correction with difficulty

Has difficulty sitting in a group

Has difficulty attending

Sometimes threatens others

Sometimes hits, bites, or hurts self/others

Is somewhat destructive

Hyperactive and/or ADD

Sometimes attempts to run away

Has difficulty with transitions

Has unpredictable vocalizations

At times exhibits vocalizations or verbal outbursts

Strengths are: _____

Responds to separation from parents/guardians by: _____

Best comforted/calmed by: _____

Let's someone know what he/she wants/needs by: _____

Enjoys/participates in play activities such as: _____

Additional concerns not already addressed: _____

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 Eagle Brook Church all pertinent facts about my child's needs and accept full responsibility for missing information.
- ___ I release this information to be shared with relevant staff/volunteers who will be working with my child.
- ___ I will remain on the Eagle Brook campus during the time my child is participating in kids services.
- ___ I understand the assistance offered is an inclusion model where volunteers will come alongside kids with disabilities and additional needs to be part of the current kids services and help them participate to their personal potential.
- ___ I understand volunteers are not professionals, and that in some cases they may not be able to meet the needs necessary for my child to participate. If that is the case, I will be communicated with. If necessary, I understand Eagle Brook's right to refuse this service if the church cannot provide the resources needed for success.
- ___ I will supply special food, drinks, snacks, and diapers/wipes for my child as necessary.
- ___ I understand the nature of the program and do hereby release Eagle Brook Church and its representatives from any liability due to accident or injury incurred by my child.

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

Date: _____

Signed (Parent or Guardian): _____

Please return this form to Kids Check-in/Next Steps or mail to:

Eagle Brook Church
Attn: Kids Care
7015 20th Ave.
Centerville, MN 55038