



Special Needs Ministry Family Questionnaire

Date: _____

Child's Name: _____

Current Age: _____

Date of Birth: ____/____/____

Child lives with : both parents mother father
 Guardians (Please note relationship if applicable) _____

Mother's/ Guardian's Name: _____ Cell: _____

Father's/ Guardian's Name: _____ Cell: _____

Child's *PRIMARY DISABILITY / HEALTH CONCERNS* we should be aware of: _____

Who will be bringing child to church: _____

Please list any siblings who will also be attending:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

EMERGENCY CONTACTS (Other than physicians)

In case of an 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): _____ (Work): _____ (Cell): _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (Work): _____ (Cell): _____

BEHAVIOR

My child responds to separation from his/her parents (or primary care provider) by: _____

My child is best comforted / calmed by: _____

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

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

My child becomes upset when: _____

My child does not enjoy: _____

My child does / does not enjoy music. Please explain: _____

My child seems most relaxed in settings alone / with a few children / among many children. Please explain: _____

My child is really picky about: _____

Are there any additional behavioral concerns not already addressed? _____

CARE NEEDS (Please check all that apply)

- Vision Typical Impaired Blind
- Hearing Typical Impaired Deaf Hearing Aid
- Motor Head Control Rolls Over Sits (unassisted) Crawls Walks
- Uses Walker Crutches Braces Wheelchair

Additional Information or Explanation: _____

COMMUNICATION (Please check all that apply) :

My child communicates with others using:

- Words Phrases Sentences Babbles Gestures Sign Language

Language(s) spoken at home: _____

Additional Information or Explanation: _____

My child can understand what others say:

- All of the time Most of the time Some of the time Recognizes voices of family members

EATING HABITS (Please check all that apply to snacks at church)

- Self feeds Uses Hands Self drinks Uses Bottle Uses cup
- Requires eating and drinking assistance

Additional Information or Explanation: _____

Allergies (food, drug, others): _____

Special diet or snack restrictions: _____

TOILETING SKILLS (Please check all that apply)

Toilets independently Potty Trained, needs limited assistance Call Parent for assistance

Additional Information or Explanation: _____

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

Indicate special toileting needs/schedule: _____

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 have fully disclosed to First Baptist Jenks all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will supply special food/snacks, drink for my child as necessary.

_____ I understand the nature of the program and do hereby release First Baptist Jenks and its representative from any liability due to accident or injury of my child.

_____ I authorize First Baptist Jenks to publish photos of my child (without his /her name) on our website and brochures for promotional purposes only.

_____ I understand that my child, if beyond the age of 4 or in special circumstances, will be diapered by a parent/ guardian as First Baptist Jenks does not provided this for special needs children/students.

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

Signature : _____ Date: _____
(Parent of Guardian)

Parents Planned Schedule 9:30AM Location _____

11:00AM Location _____