



# Kids Care Questionnaire

Updated 3/10/23

*For Families of Children with Disabilities and Additional Needs*

## Child Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age/Grade \_\_\_\_\_

Plan to Attend  Each week  2x/mo.  Occasionally  Other (please specify) \_\_\_\_\_

## Parent/Guardian Information

### 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 Parent/Guardian #1

## Care Info

Child's primary health concerns/diagnosis \_\_\_\_\_

Medications  Yes  No Type and Purpose \_\_\_\_\_

Allergies (Please list all food allergies and sensitivities) \_\_\_\_\_

What is your child's understanding of God and his/her relationship to Christ? \_\_\_\_\_

\_\_\_\_\_

What spiritual goals do you have for your child? \_\_\_\_\_

## Type of Assistance

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 – background 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

**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

### 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

Sometimes attempt to run away

Hyperactive and/or ADD

Has unpredictable vocalizations

At times exhibits vocalizations or verbal outbursts

Behavioral concerns we should be aware of \_\_\_\_\_

Calming tools and aids \_\_\_\_\_

Tell us about your child's strengths and interests (Go ahead and brag! This will help our Refuge Buddies build a relationship with your child) \_\_\_\_\_

\_\_\_\_\_

### Permission/Authorization Agreement

\_\_\_ I have fully disclosed to Refuge 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 Refuge Church grounds during the time my child is participating in kids services.

\_\_\_ I understand that 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 that 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 Refuge Church's right to refuse service if the church cannot provide the resources needed for success.

\_\_\_ I will supply special food, drinks, snacks, when applicable.

\_\_\_ I understand the nature of the program and do hereby release Refuge 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 and/or Guardian): \_\_\_\_\_

I grant permission for Refuge Church to act on my behalf in the case of a medical emergency.

I grant permission for Refuge Church to use photos and/or videos of my child for media as described below. **\*\* I AM AWARE THAT PHOTOS AND VIDEOS MAY BE TAKEN OF MY CHILD(REN) WHILE AT REFUGE CHURCH AND I GRANT PERMISSION FOR REFUGE CHURCH TO USE VIDEOS OR PHOTOS OF MY CHILD(REN) FOR ALL CHURCH MEDIA, FOR INFORMATIONAL OR PROMOTIONAL PURPOSES, INCLUDING ONLINE FORMATS. ADDITIONALLY, I APPROVE THAT ALL IMAGES AND SOUND RECORDINGS MAY BE COMBINED WITH OTHER IMAGES, TEXT, AND GRAPHICS, CROPPED, ALTERED, AND MODIFIED FOR THE PURPOSE OF ADVERTISING AND PROMOTING REFUGE CHURCH.**