

Dear Parent/Caretaker,

The following document is the CARE Ministry Profile Form we ask all parents/caretakers to fill out as their loved one partakes in CARE ministry, VBS, or other related ministries. We do this to make sure that we can know from you the best ways to provide a great environment for your loved one and can also know how to best contact you should an emergency arise.



This is an all-inclusive form, and some areas may not pertain to the individual on whose behalf you are filling out the form. If that is so, please just write "N/A" and continue filling out the profile. When it is completed, please return it to the appropriate teacher, or personnel, individually specified or scan and email it to anita.bruck@huntersglen.org.

Thank you for your time in making sure we have a great time together here at Hunters Glen! If you have any questions, please do not hesitate to reach out!

Many Blessings,

Anita Bruck
CARE Ministry Leader
972-867-1610 x2025

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 Hunters Glen Baptist Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

_____ I will supply special food, drinks, and snacks as necessary.

_____ I understand the nature of the ministry and do hereby release Hunters Glen Baptist Church and its representatives from any liability due to accident or injury incurred by my child.

_____ I authorize Hunters Glen Baptist church to publish photos of my child (without his/her name) in promotional pieces, newsletters, 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: _____

CARE MINISTRY PROFILE FORM

Please type or print legibly. Use additional paper if needed. Copy if necessary – one per child.

Participant's Name: _____

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Cell Phone: (____)____-____ Alternate Phone: (____)____-____

Whose Phone? (circle one): Participant's or Parent's

Participant's or Parent's

What level of supervision does your child require? Please check the description that most matches your child:

____ Child functions independently and requires no supervision.

____ Child can function independently in most settings with light supervision generally required.

____ Child can function independently for a short period of time but will require supervision with at least one **staff member** and/or **other teen/mature child** (Circle one or both in bold) available at all times.

____ Child functions best in a group with staff supervision and a few other children.

____ Child requires constant, one on one, supervision from staff.

CONDITIONS/ALLERGIES

1. Which of the following applies to your child?

____ Autism

____ Seizure disorder: ____ currently managed with medication

____ past history with no current seizures

____ Tourette's

____ Down Syndrome

____ Intellectual disability

____ Developmental Delay

____ Visual impairment

____ Attention Deficit Disorder

____ Hearing impairment

____ Attention Deficit Hyperactive Disorder

____ Cerebral Palsy

2. Other disabilities or health issues:

3. Which of the following applies to your child?

____ Eats orally

____ Has a G-tube

4. Allergies & Sensitivities (food, medication, etc.):

LANGUAGE SKILLS

Which of the following applies to your child?

- | | |
|---|---|
| <input type="checkbox"/> Uses Sign Language | <input type="checkbox"/> Has speech apraxia |
| <input type="checkbox"/> Uses communication device | <input type="checkbox"/> Speaks orally |
| <input type="checkbox"/> No known communication skills at this time | |

RESTROOM SKILLS

1. Using the restroom (staff are with children at all times). Check all that apply.

- My child is completely self-sufficient.
 My child needs some assistance in the restroom.
 My child needs complete assistance/supervision in the restroom.
 My child is not able to use restroom facilities (wears diaper/training pants).

2. How often does your child need to be taken to the restroom?

3. How does your child let you know that he/she needs to go to the restroom?

INTERESTS/ACTIVITIES

1. Please indicate games/activities which your child particularly enjoys:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Tossing a ball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coloring/Drawing | <input type="checkbox"/> Making crafts | <input type="checkbox"/> Other: _____ |

2. Please list any other of your child's favorite activities, hobbies, or personal interests:

ACTIVITY LEVEL/BEHAVIORS

1. Activity Level. **Check all that apply.**

_____ Has typical attention span and level of activity for his/her age.

_____ Has a very short attention span.

_____ Is underactive/needs motivation to participate in activities.

_____ Is overactive.

_____ Is easily distracted by sights, sounds, people, etc.

2. Please describe how you manage your child's activity level, motivate him/her to participate, etc.:

3. Please indicate how often, if ever, your child does the following behaviors and consequences.

Please be as specific as possible.

Behavior:	Never	Seldom	Often
Bites self	_____	_____	_____
Scratches, pinches or hits self	_____	_____	_____
Bangs own head	_____	_____	_____
Aggressive toward others	_____	_____	_____
Runs away	_____	_____	_____

Please explain what you do when any of these behaviors occurs:

4. Fears & Upsets. What upsets your child? What does he/she fear?

5. What helps calm your child when he/she is sad/hurt, afraid, or upset?

6. Is there any additional information that may help us care for your child? **Please be as specific as possible.**

(Use the back of this page or additional paper, if needed, for any answers above.)