

# 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 programming

- 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

Adapts to new situations well

Responds to correction well

Has difficulty sitting in a group

Sometimes threatens others

Is somewhat destructive

Sometimes attempts to run away

Has unpredictable vocalizations

Plays alone  Plays in groups

Adapts to new situations with difficulty

Responds to correction with difficulty

Has difficulty attending

Sometimes hits, bites, or hurts self/others

Hyperactive and/or ADD

Has difficulty with transitions

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 ministry 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 Next Steps, Kids Check-In or mail to:**

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