

Special Friend Intake Form

Child's name: _____ Date of Birth: _____
Primary Contact: _____ Relationship: _____
Optional Cell Number for contact during service: _____

Primary Diagnosis:

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Autism | <input type="checkbox"/> | Visually Impaired/Blind |
| <input type="checkbox"/> | Cerebral Palsy | <input type="checkbox"/> | Mental Disability |
| <input type="checkbox"/> | Seizure Disorder | | Mild |
| <input type="checkbox"/> | Developmental Delays | | Moderate |
| <input type="checkbox"/> | Downs Syndrome | | Severe |
| <input type="checkbox"/> | Head Injury/ Spinal Cord | | Profound |
| <input type="checkbox"/> | Hearing Impaired/ Deaf | | |
| <input type="checkbox"/> | Other | | |

Medical Information

Does your child have any allergies? If yes, Please explain: _____

Is your child sensitive to sounds or touch? _____

Does your child like to participate in large group? _____

Social/Emotional Information

Describe your child's personality: _____

What are his/her favorite activities toys or games? _____

What does your child do when angry or frustrated? _____

What type of intervention works best to calm your child? _____

Does your child have any challenges that may prevent him/her from participating in the large group worship or going outside on the playground? If yes, please explain: _____

Please provide us with any additional pertinent information that you think will help us in providing your child with a safe and exciting place to learn about Jesus. _____

Please feel free to use the reverse side of the form for more information

