



SAGEMONT KIDS

PERSONAL INFORMATION

Child's First Name: _____ Last Name: _____

Child resides with: Mother and Father Mother Father Guardian

Name 1: _____ Mother Father Guardian

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address:

Best way to contact you in case of an emergency:

Name 2: _____ Mother Father Guardian

Address: Same as above Different: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address:

Best way to contact you in case of an emergency:

Who is authorized to pick up your child from PromiseLand?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How did you hear about PromiseLand? _____

CHILD'S INFORMATION

Please tell us about your Child:

Child's Name: _____

Height: _____ Weight: _____ Male Female

Date of Birth: _____ (Month, Day, Year)

Chronological Age: _____ Developmental Age: _____

Date: _____ **Age:** _____

Does your child attend school? No Yes, where? _____

To help us understand the uniqueness of your child, please explain the nature of your child's disability: _____

Degree of severity of the disability: Mild Moderate Profound

What special equipment does your child use, if any? (include hearing aids, glasses, wheelchair, etc.) _____



MEDICAL INFORMATION

Please check all that apply and provide any other necessary information.

	NO	YES	If yes, please explain, including mild, moderate, profound if applicable.
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	
Lung or respiratory issues (including asthma)	<input type="checkbox"/>	<input type="checkbox"/>	
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple Handicaps	<input type="checkbox"/>	<input type="checkbox"/>	
PDD Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	
Reflux, spitting up, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures, epilepsy, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

Sensory input issues (ie dislikes noises, textures)	<input type="checkbox"/>	<input type="checkbox"/>	
Shunt	<input type="checkbox"/>	<input type="checkbox"/>	
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
Other:			
Other:			

Please provide further details, if necessary: _____

COMMUNICATION SKILLS

What are the primary ways that your child communicates with others?

Check all that apply: Predominantly verbal Predominantly non-verbal Predominantly uses ASL Speaks clearly Requires prompts/cues to initiate Vocalization not always understood Requires prompts/cues to interact Can express basic needs and wants by using: Eye gaze/contact

Gestures, give example: _____

Signs, give example: _____

Assistive technology (picture boards, books, talkers) please describe: _____

Follows spoken request Response to signed or gestural request or instructions

How does your child indicate "yes" or "no" when asked if he/she wants something, wants to go somewhere, or wants a person? _____

Will your child use other behaviors to communicate a want/need (cry, hit, run away)? No Yes

Please explain: _____

DIETARY AND FEEDING SKILLS

Please do NOT feed my child in PromiseLand.

List diet restrictions: _____

Foods to avoid/allergies: _____

Snack foods child enjoys: _____

How often does your child eat? _____

What method of eating does your child use? (Please check all that apply)

Independent Independent with set-up Does not eat/drink by mouth Eats by G-tube

Eats by Mouth Uses fingers Uses spoon Uses fork

Uses special utensils/cup requires supervision/physical assistance while eating

List any special equipment or positioning needed for feeding: _____

Please share any special oral motor issues that we should know about, including gagging. _____

TOILET/HYGIENE SKILLS

Please check all that apply.

Uses toilet independently uses toilet with supervision. Needs assistance, please describe: _____

Follows a schedule, please list times: _____

Wears diaper/pull-ups, please give any special instructions: _____

Has a bladder issue, please explain: _____

Please share any signs or gestures that your child may give to indicate his/her need to be changed or go to the bathroom. _____

BEHAVIOR SKILLS

Behavior Concerns: Please share about any behaviors we should be aware of. Specify what the behavior looks like (screaming, dropping, biting, scratching, etc.) rather than giving general descriptions (angry, upset). _____

When do these behaviors typically occur? _____

Are they more likely to occur with a specific gender? No Yes, which gender? M F

Check all that apply: Non-compliance running away Difficulty with transitions

Unusual interest in sight, feel, sound, or smell of things Self-injurious/Self aggressive, please explain _____

Tantrum, what behaviors does this include? _____

Aggression, what form does this take (hitting, biting, etc.)? _____

Property destruction (throws, breaks, slams objects): _____

Behavior Modification Plan: Please explain, in detail, the behavior management plan that is being used at home and at school to modify inappropriate behavior. Our goal is to maintain consistency in the implementation of this plan and to work with you in this process. _____

What is your child's response to separation? _____

What is your child's response to playing with other kids? _____

What activities, games, or toys does your child enjoy? _____

What are some positive activities, games, statement, or actions that are helpful to reinforce good behavior in your child? _____

ADDITIONAL INFORMATION _____

AUTHORIZATION AGREEMENT / DECLARATION OF CONSENT

Please indicate your CONSENT to each item by signing below each statement.

Emergency Medical Treatment Consent

I, _____, parent/guardian of _____, give permission to the medical personnel selected by Sagemont Church to order hospitalization, treatment, anesthesia, and surgery if necessary in case of an emergency when parents cannot be reached.

Signature Date

Medical Administration Consent

I, _____, parent/guardian of _____, give permission to the nurse selected by Sagemont Church to administer my child's medication in my absence.

Signature Date

Photograph Release Consent

I, _____, parent/guardian of _____, give permission to Sagemont Church to use my child's name and/or picture in presentations, media release, newsletters and marketing materials solely for the purpose of promoting the Promiseland Ministry programs and services at Sagemont Church.

Signature Date

Publicity Release Consent

I, _____, parent/guardian of _____, give my permission to Sagemont Church to publish my name, address, and phone number in a Parent Directory for the staff, volunteers and other parents of children enrolled in the Promiseland Ministry at Sagemont Church.

Signature Date

Waiver of Liability Consent

I, _____, parent/guardian of _____, agree to release Sagemont Church and all staff and volunteers from any and all liability for any additional illness or injury to my child, and for any accidental damage or destruction of my child's property during the time my child is participating in programs and activities sponsored by the PromiseLand Ministry at Sagemont Church.

Signature

Date

Acceptance of Responsibility

I, _____, parent/guardian of _____, have been fully disclosed to Sagemont Church all pertinent facts about my child's special needs and fully accept responsibility for failure to do so _____

Signature

Date

If your child is in school and has an IEP, please attach a copy.

COORDINATOR USE ONLY

- Copy given to parent
- Copy filed in PromiseLand
- Copy given to Children's Minister