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"We are community in Christ, reaching our community for Christ"

**God's Champions Family Survey**

*Please give as much information so we can make the experience the best for your child*

*and your family. All information is confidential and is only given to those with a need to know.*

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| Date:  |  |
| Child’s Name: |  | Date of Birth: |  |
| Mother: |  | Father: |  |
| Child lives with : | 󠆸 Both Parents | 󠆸 Mother | 󠆸 Father |
| Guardian (Please note relationship if applicable): |  |
| Street: |  |
| City: |  | State: |  | Zip: |  |
| Phone (Home): |  | Phone (Cell) |  |
|  |
| Please list any siblings who will also be attending: |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
|  |
| EMERGENCY CONTACTS: In case of Emergency, the following person(s) may be called and are authorized to pick up my child. At least one contact must be provided. |
| **Name:** |  | Relationship: |  |
| Street: |  |
| City: |  | State: |  | Zip: |  |
| Phone (Home): |  | Phone (Cell) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | Relationship: |  |
| Street: |  |
| City: |  | State: |  | Zip: |  |
| Phone (Home): |  | Phone (Cell) |  |
|  |
| ***Family Information:*** |
| What parts of church life do you and your family desire to participate in? |
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| What prevents your family from participating in and serving in church programs? |
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| What support is necessary for you and your family to fully participate in the body of Christ? |
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| What are your immediate needs, inside and/or outside the church? |
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| What is your dream for your child spiritually? |
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| ***Sibling Information:*** |
| The sibling of the child with disability is affected in the following ways- |
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| What can we as a church do to support this child? |
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| ***Behavior Information:*** |
| My Child responds to separation from his/her parents/guardians by: |
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|  |
| My child is best comforted/calmed by:  |
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| My child lets someone know what he/she wants by: |
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|  |
| What type of play activities does your child enjoy and/or participate in? |
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|  |
| My child becomes upset when: |
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| My child does not enjoy: |
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| My child does/does not enjoy music. Please explain: |
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| My child seems most relaxed in settings alone/ with a few children/among many children. Please explain: |
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| My child is really picky about: |
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| Does your child sensory seek/become overstimulated/ both? Please explain: |
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| Are there any additional behavioral concerns not already addressed? |
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| What do you need us to know or understand about your child? |
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| **Care Needs:** (Please check all that apply)  |
| Hearing | 󠆸 Typical | 󠆸 Impaired | 󠆸 Hearing Aid | 󠆸 Deaf |
| Motor | 󠆸 Head Control | 󠆸 Rolls Over | 󠆸 Sits (unassisted) | 󠆸 Crawls | 󠆸 Walks |
| Uses | 󠆸 Walker | 󠆸 Crutches | 󠆸 Braces | 󠆸 Wheelchair |
| Additional Information or explanation: |
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|  |
| **Communication:** (Please check all that apply)  |
| 󠆸 Words | 󠆸 Phrases | 󠆸 Sentences | 󠆸 Babbles | 󠆸 Gestures | 󠆸 Sign Language |
| My child can understand what other say: | 󠆸 All of the time | 󠆸 Most of the time | 󠆸 Some of the time | 󠆸 Recognizes voices of family members |
| Languages spoken at home: |
| Languages spoken at home: |
|  |
|  |
| Additional Information or explanation: |
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| **Eating Habits:**(please check all that apply) |
| 󠆸 Self feeds | 󠆸 Uses fork | 󠆸 Uses spoon | 󠆸 Uses hands | 󠆸 Requires eating assistance |
| 󠆸 Self drink | 󠆸 Uses cup | 󠆸 Uses bottle | 󠆸 Requires drinking assistance |
|  |
| Additional Information or explanation: |
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| **Allergies:** |
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|  |
| **Toileting Skills:** (please check all that apply)  |
| 󠆸 Toilets independent | 󠆸 Potty trained, needs assistance | 󠆸 Scheduled | 󠆸 Diapers |
| How does your child indicate a need to use the toilet? |
|  |
| Additional Information or explanation: |
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|  |
| Anything additional that you would like us to know: |
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**Permission and Authorization Agreement:**

**Please read the following statements carefully and initial in the designated space indicating you have read, understand and agree to the provisions.**

 I have fully disclosed to Danville First Baptist Church all pertinent facts about my child's special needs and accept full responsibility for missing information.

 I understand the nature of the program and do hereby release Danville First Baptist Church and its representatives from liability due to accident or injury of my child.

 I have read and understood fully the goals of the program and understand what they do and do not provide as a program.

Signature: Date: