



# SALEM ALLIANCE CHURCH

## Parent Questionnaire for Children with Special Considerations

Salem Alliance Church cares for each participant in children's ministry programming. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our children's ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer the below questions that apply to your child and that may help our church best minister to your child.

**DATE** \_\_\_\_\_ **CHILD'S NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Grade** \_\_\_\_\_ **M** **F**

Child lives with **both parents** **mother** **father** **guardian**

Father's name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Home# \_\_\_\_\_

Best way to contact \_\_\_\_\_

Child's address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### **Emergency Contacts**

In case of an emergency, the following persons may be called and are authorized to pick up my child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

My child has the following diagnosis, medical condition or learning difference:

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My child has the following allergies and/or food sensitivities:

My child's allergies can be life threatening (circle one) **Yes/No**

And require use of EpiPen (circle one) **Yes/No**

My child's main mode of functional communication is:

My child processes instruction or information best when: (e.g. visual, auditory, experiential, drama):

My child currently receives therapies and special instruction in:

My child currently attends school at:

My child has an Individualized Education Plan or 504 (circle one) **Yes/No**

If answered "yes", please describe child's IEP or 504:

The goals I have for my child's development this coming year in church include (behavioral, social, academic, etc):

My child has the following area(s) of interest:

My child can do these things independently:

My child needs assistance with:

My child is uncomfortable with or has an aversion to:

A trigger-point for resistance, frustration, or behavioral problem may emerge for my child when:

When/if my child experiences a period of frustration, he/she calms when we:

Doing/seeing/experiencing this one thing is an important part of my child's routine:

My child (circle one) **does/does not** enjoy music.

My child seems most relaxed in settings (circle one) **alone, with a few children,**  
**among many children:**

My child (circle one) **would/would not** enjoy a large group worship experience:

My child is really picky about:

My child may be trying to communicate their need for (describe) \_\_\_\_\_ when he/she exhibits the following behavior:

My child is prone to seizures (circle one) **Yes/No**

My child's behavior may indicate a medical problem requiring immediate attention when:

My child has the following care needs (circle all that apply):

Vision:	Typical	Impaired	Blind		
Hearing:	Typical	Impaired	Deaf	Hearing Aid	
Motor:	Head control	Rolls over	Sits	Crawls	Walks
Uses:	Walker	Crutches	Braces	Wheelchair	

*Please describe any special positioning needs your child may have:*

My child has the following behavior needs (circle all that apply):

Shy	Outgoing	Plays alone	Plays in groups
Adapts to new situations well		Adapts to new situations with difficulty	
Responds to correction well		Responds to correction with difficulty	
Is sometimes destructive		Sometimes threatens others	
Attempts to run away		Hyperactive and/or ADHD	
Sometimes has tantrums		Difficulty with fine motor skills	
Sometimes hits, bites, or hurts self/others			

*Additional behavior needs:*

My child has the following toileting skills (circle all that apply):

Toilets Independently	Currently being potty trained	Potty trained, needs assistance
Wears diapers	Requires catheterization	

*How does your child indicate a need to use the toilet?*

*Additional toileting needs:*

Photos are periodically taken for promotional purposes. Do we have your permission to publish photos of your child in public places such as the SAC website or newsletter? (circle one) **Yes/No**

**\*\*Please provide a current photo of your child in order to identify your child to our children's ministries staff and volunteers.\*\***

**Other Information:**

**I have read this intake form and verify that the information is true.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Interviewer Signature/Church Representative**

\_\_\_\_\_  
**Date**