

Neighborhood Church of Redding

Friday Nite Kids & Teens

Respite Ministry

Family Registration Form

Dear Parents of Children &/or Teens who have special needs:

Thank you in advance for filling out this form! We are looking forward to getting to know your family through the intake process.

Filling out this form is the first step towards registering your child/teen for the Friday Nite Kids & Teens respite.

Once this form is complete, we will contact you by phone to go over the form with you to be sure we understand the unique needs of your child(ren) and answer any questions you may have about respite. *Note: If you have more than one child with special needs, please fill out a separate form for each child.*

Once this phone call has occurred you are free to go on the church website each month to register for respite that month.

Friday Nite Kids & Teens meets the 2nd Friday of each month from 6-9pm. Please be sure to return this form as soon as you can to give adequate time for the intake process.

Completed registration forms can be returned in the following ways:

- Fax it to 530-221-0267
- Turn it in at the Info Desk after our weekend services. Please put it in a sealed envelope and write "Attn: Respite" on the outside.
- Drop it off at the church front office Monday-Friday 9am-5pm
- Scan and e-mail it to care@neighborhood.cc
- Mail it to Neighborhood Church, Attn: Respite, 777 Loma Vista Drive, Redding, 96002

For more information:

- Visit our website: www.neighborhood.cc/news/respite
- Email us: care@neighborhood.cc
- Call: 530-221-5683 x1701.

Special Needs Ministry of Neighborhood Church of Redding

Family Registration Form

Date of application _____

1. FAMILY INFORMATION Please print clearly

(Please complete info for special needs child)

Child's name _____ Birthdate _____ Age _____ M F

Child lives with: _____ both parents _____ mother _____ father
_____ other _____

Home address _____ City _____ Zip _____

Home phone number _____ email address _____

Father's name _____ home # _____ cell # _____

Father's address (if different from above) _____

Mother's name _____ home # _____ cell # _____

Mother's address (if different from above) _____

Guardian's name _____ home # _____ cell # _____

Guardian's address (if different from above) _____

Please list siblings of child who will also be attending Friday Nite Kids & Teens:

1. _____ M/F birthdate _____ 2. _____ M/F birthdate _____

3. _____ M/F birthdate _____ 4. _____ M/F birthdate _____

2. EMERGENCY CONTACTS (other than doctor)

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

At least one contact must be provided. Each person must present positive identification before your child will be released.

1. Name _____ cell # _____ home # _____

Relationship _____ Address _____

2. Name _____ cell # _____ home # _____

Relationship _____ Address _____

3. CARE NEEDS

Child's primary diagnosis and/or child's health concerns/meds we should be aware of _____

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 or other needs your child may have:

COMMUNICATION SKILLS:

Can communicate with others using:

___ words ___ phrases ___ sentences ___ babbles ___ gestures ___ sign language

Other (please describe) _____ Language spoken at home _____

Can understand what others say:

___ all the time ___ most of the time ___ some of the time

___ recognizes voices of family members

TOILETING SKILLS:

___ toilets independently _____ diapers ___ cloth ___ disposable

___ currently being potty trained ___ potty trained, but needs assistance

___ requires catheterization

Frequency/schedule _____

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

Indicate special toileting needs/schedule: _____

EATING HABITS:

Feeds self by using: ___ spoon ___ fork ___ hands

Requires feeding: _____ Bottle fed _____

Drinks from cup: ___ independently ___ with assistance

Special diet: _____

ALLERGIES: (drugs, food, other) _____

BEHAVIOR: (check all that apply)

___ shy ___ outgoing ___ plays alone ___ plays in groups

Adapts to new situations: ___ well ___ with difficulty

Responds to correction ___ well ___ with difficulty

Is sometimes destructive _____ Sometimes threatens others _____

Sometimes hits, bites, or hurts self/others _____

Sometimes attempts to run away _____

Hyperactive and/or ADD _____

My child responds to separation from his/her parents by _____

My child is best comforted by _____

My child lets someone know what he/she wants or needs by _____

What type play activities does your child enjoy/participate in? _____

What upsets your child? _____

Comments:

4. 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 Neighborhood Church of Redding all pertinent facts about my child's (children's) special needs and accept full responsibility for failure to do so.

_____ I will supply all required food, drinks, snacks, & diapers/wipes for my children.

_____ In case of emergency or accident, I understand that an EMS company (911) will be summoned. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each: Signed _____ Date _____
(parent or guardian)

5. PUBLICITY RELEASE

Friday Nite Kids & Teens is a respite care program designed to lessen the stress of families caring for children with special needs. Because we will try to reach as many families as possible, we may publicize the program through television, radio and print media. The use of your name, your child's name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Friday Nite Kids & Teens, complete this form and return it to us:

___ I DO or ___ I DO NOT give permission for my child to be photographed. The picture may be used for press releases, journal articles, or other positive publicity for respite programs.

Signed _____ Date _____
(parent or guardian)

May God bless you JOYFULLY!

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